



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

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

Jane Buxton, Harm Reduction Lead
Mark Gilbert, Medical Director

Clinical Prevention Services

January 31, 2017



Health

 PRINT

Provincial health officer declares public health emergency

Share



News Release

Victoria

Thursday, April 14, 2016 11:00 AM

Media Contacts

Kristy Anderson

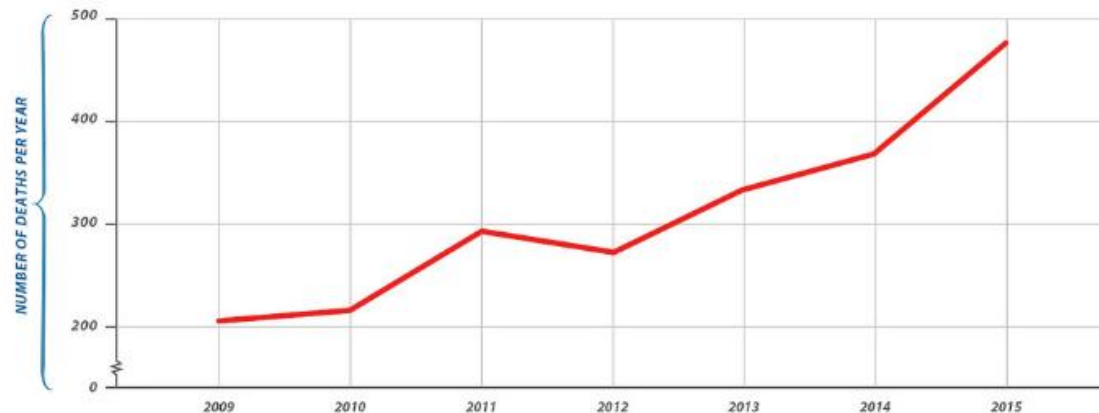
Media Relations Manager

Ministry of Health

250 952-1887 (media line)



ILLICIT DRUG OVERDOSE DEATHS IN BRITISH COLUMBIA



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).

(flickr.com)

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

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

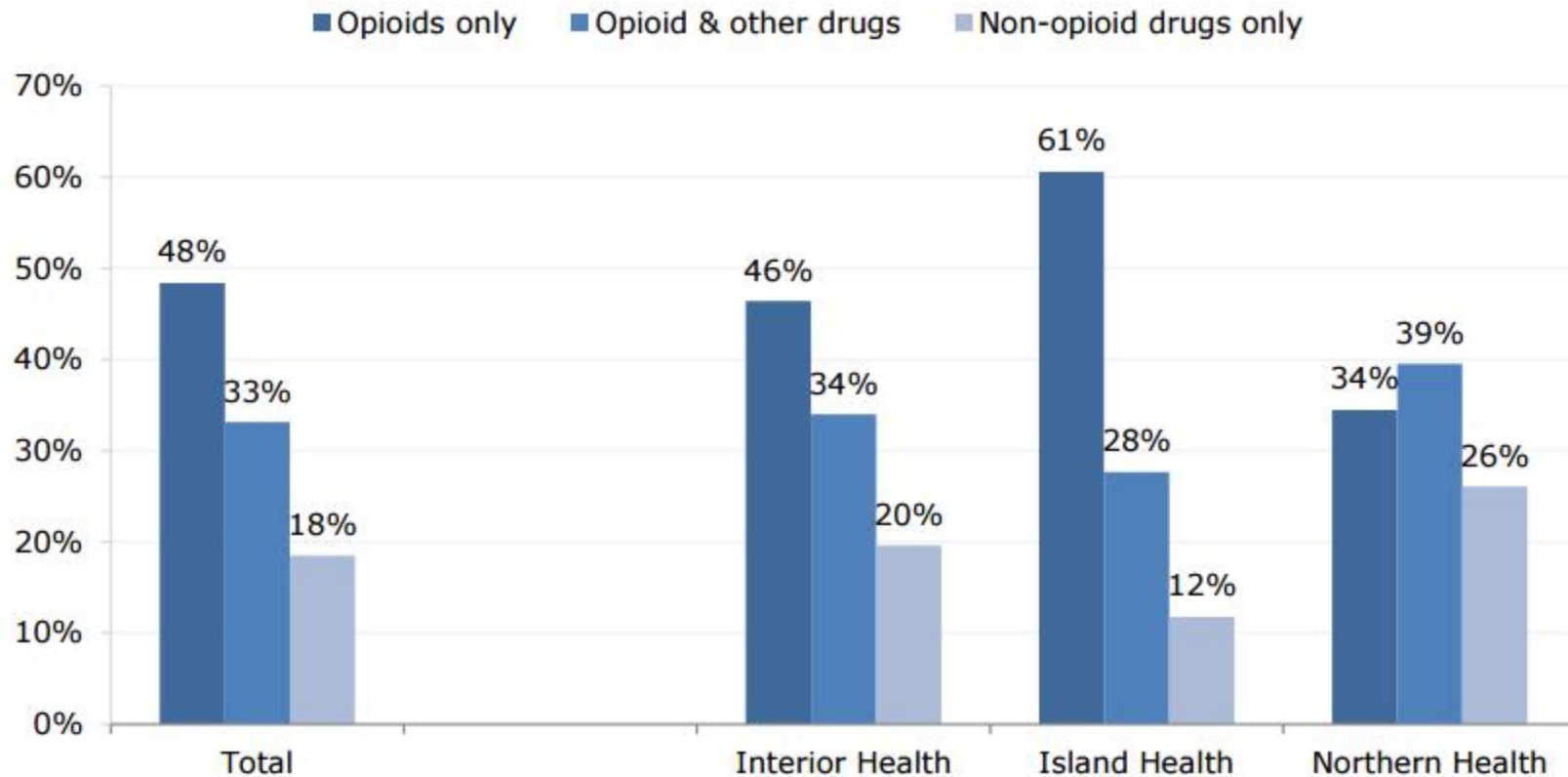
Drug use trends

Context for drug use by GBMSM

- 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

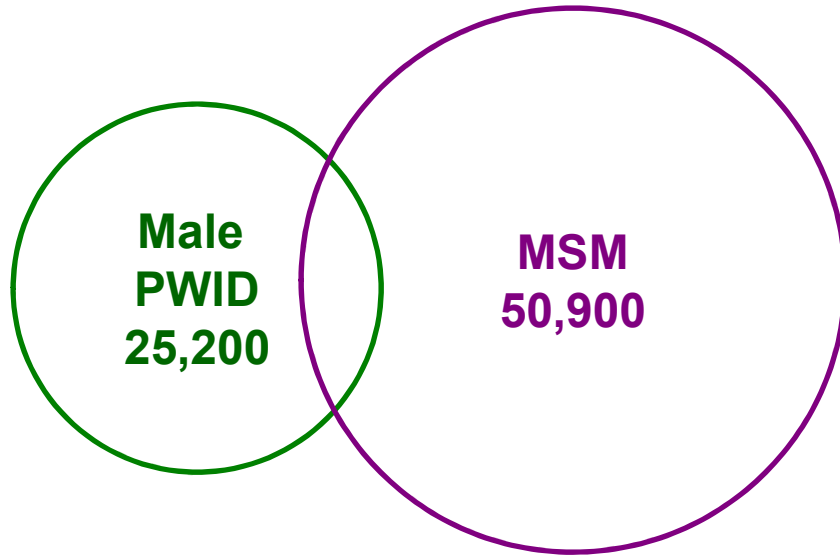
Categories of drugs reported used

Emergency Department Patients with Known or Suspected Opioid Overdose, June 5-Nov 5 2016



SOURCE: Enhanced Emergency Department Case Reporting Data, Interior, Northern, and Island Health Authorities, BC, June 5th to November 5th, 2016. Analysis and figure by BC Observatory for Population and Public Health.

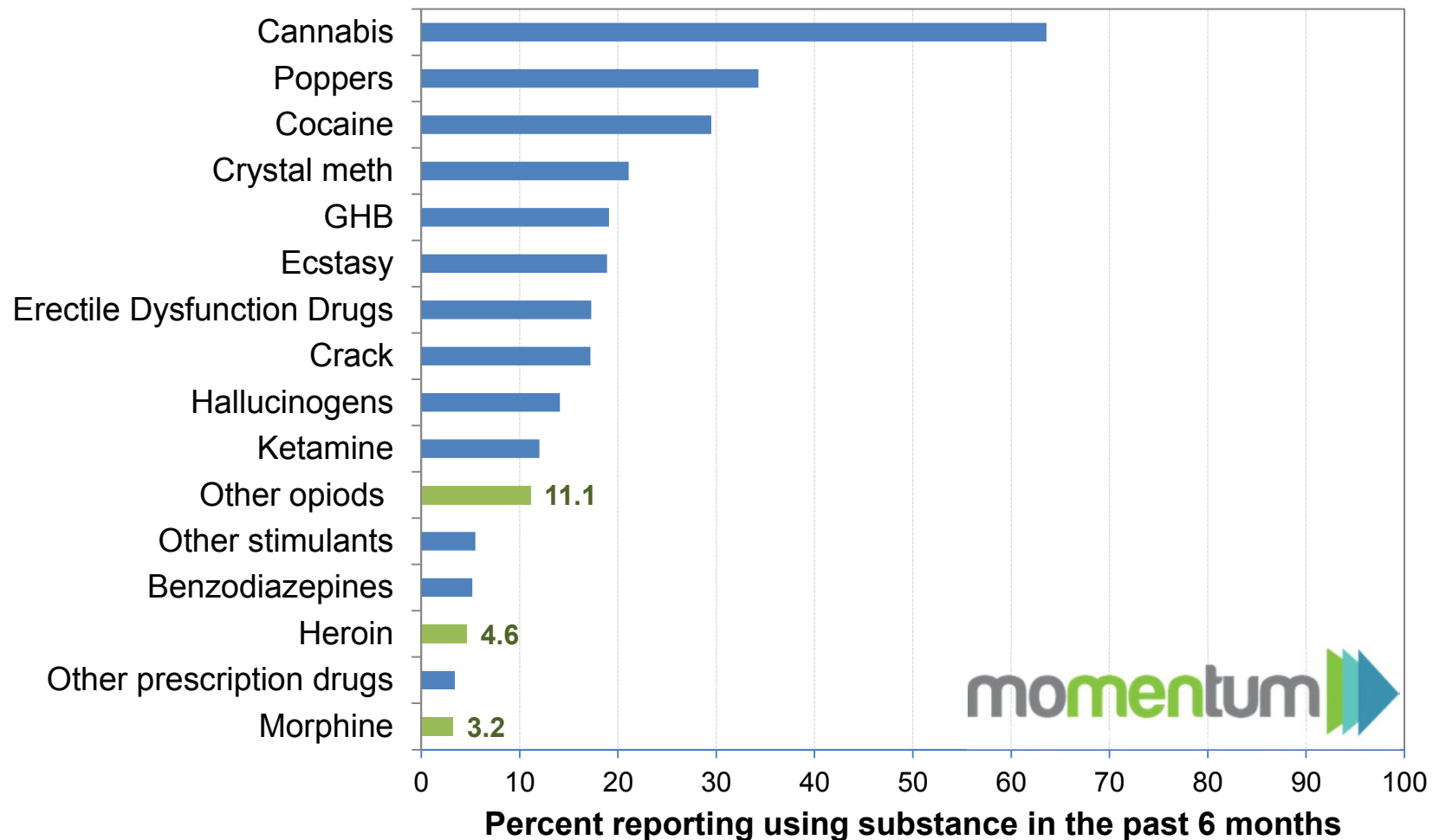
Overlap between GBMSM and PWID?



- 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

Recent substance use among GBMSM

719 participants in Momentum Study, 2012-2014, Greater Vancouver area



Lachowsky NJ, Dulai J, Cui Z, Sereda P, Rich A, Patterson TL, Corneil TT, Montaner JSG, Roth EA, Hogg RS, Moore DM. Lifetime Doctor-Diagnosed Mental Health Conditions and Current Substance Use among Gay and Bisexual Men Living in Vancouver, Canada. Accepted for publication in Substance Use and Misuse (November 2016).

Regional drug use patterns

1826 BC participants in Sex Now 2014/15 Survey



RECREATIONAL SUBSTANCES (age-adjusted)					
<i>How often have you used the following recreational substances in the last 12 months?</i>					
	FHA	IHA	NHA	VCHA	VIHA
	%	%	%	%	%
Alcohol	85%	85%	86%	91%	89%
Marijuana	32%	48%	31%	52%	48%
Tobacco	26%	31%	17%	24%	30%
Poppers	28%	25%	20%	36%	28%
Viagra/Cialis	28%	26%	23%	33%	27%
Ecstasy/MDMA	7%	8%	8%	20%	12%
Cocaine	4%	12%	9%	15%	10%
"G"/GHB	3%	3%	2%	11%	8%
Crystal meth	4%	.5%	2%	9%	6%
"K"/Ketamine	1%	3%	2%	8%	5%
Steroids	.4%	2%	3%	2%	2%
Crack	2%	1%	1%	1%	3%
Mephedrone	0%	0%	1%	.3%	1%

* 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



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



Coroners Service
Ministry of Public Safety and Solicitor General

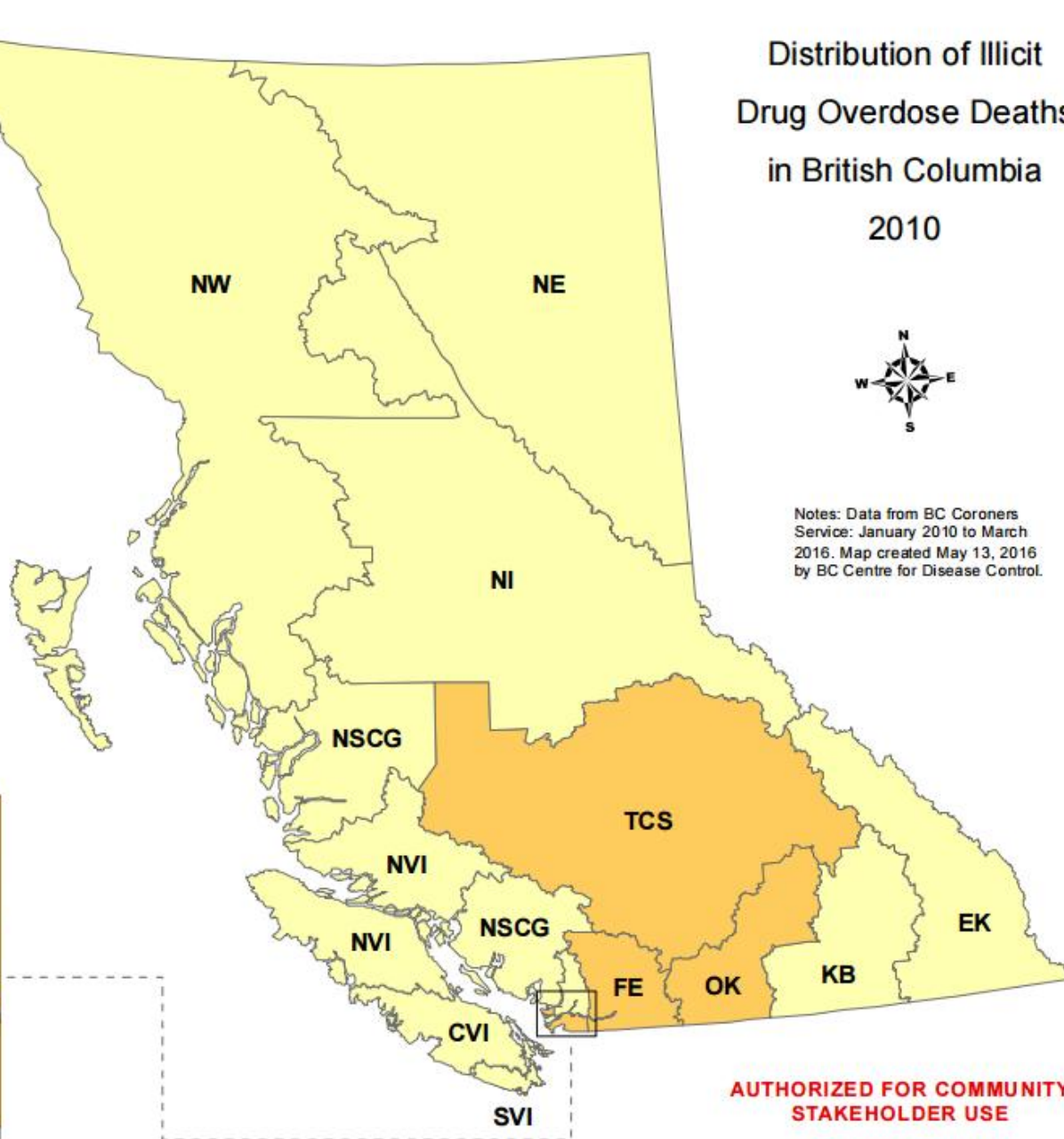
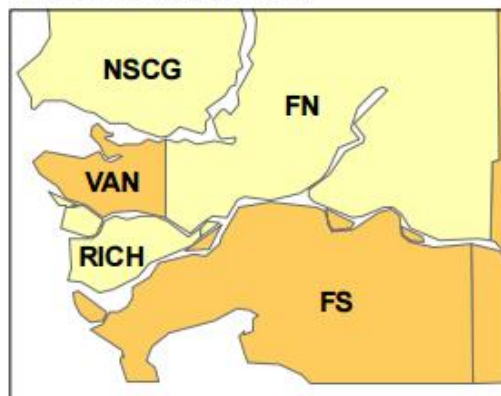
Distribution of Illicit Drug Overdose Deaths in British Columbia 2010

Rate per 100,000
population by HSDA



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**



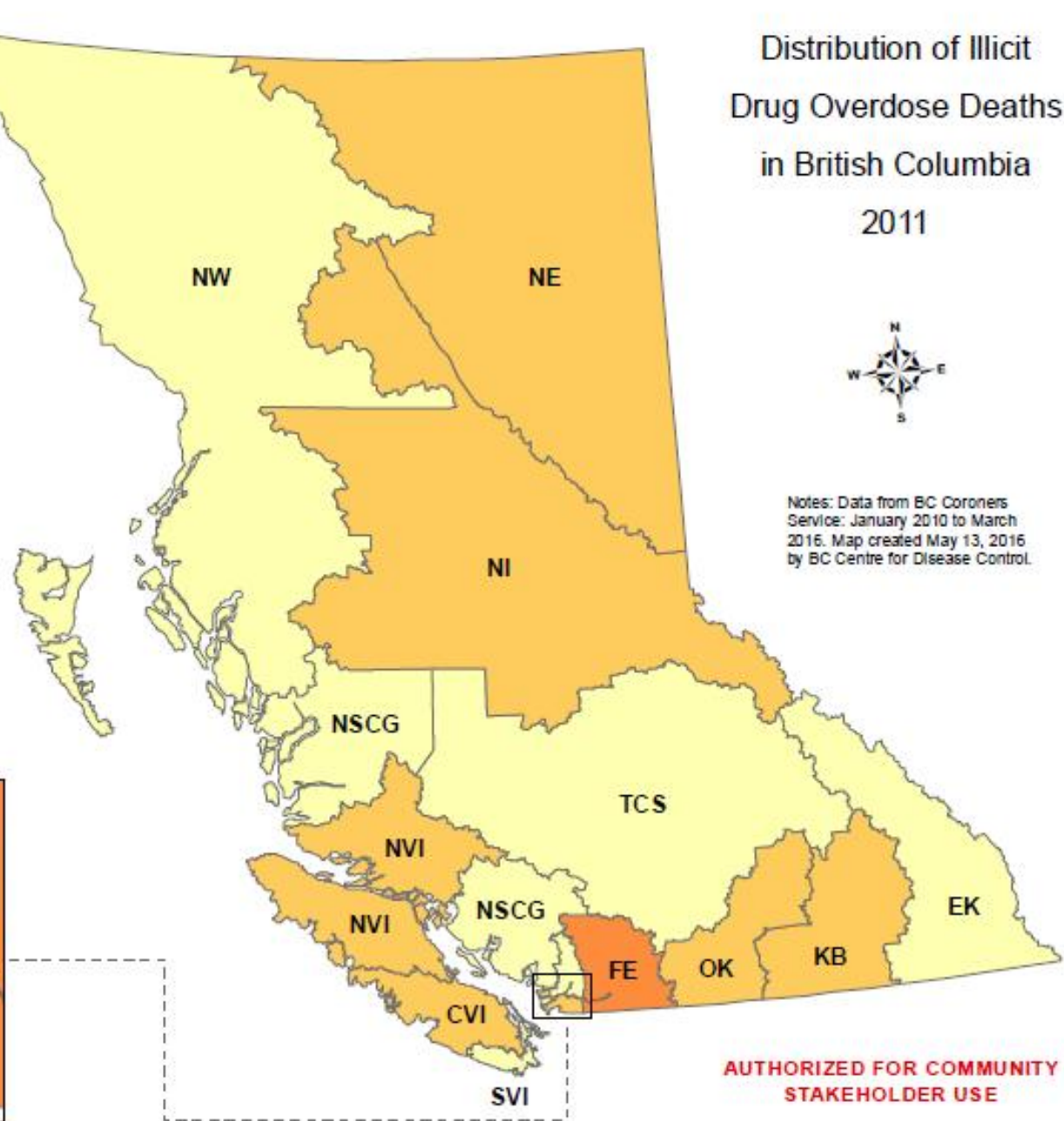
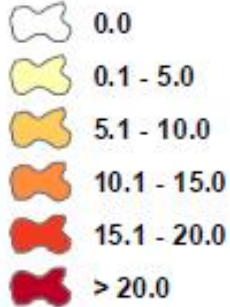
BC Centre for Disease Control
an agency of the provincial health services of BC



Coroners Service
Ministry of Public Safety and Solicitor General

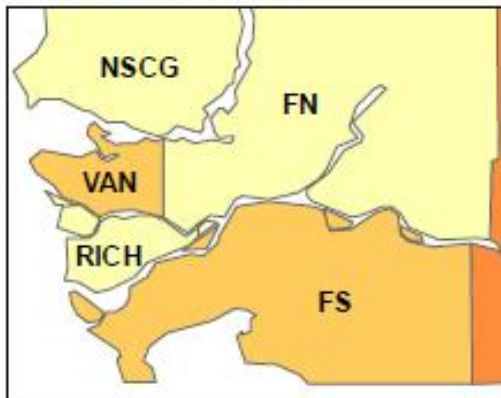
Distribution of Illicit Drug Overdose Deaths in British Columbia 2011

Rate per 100,000 population by HSDA



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



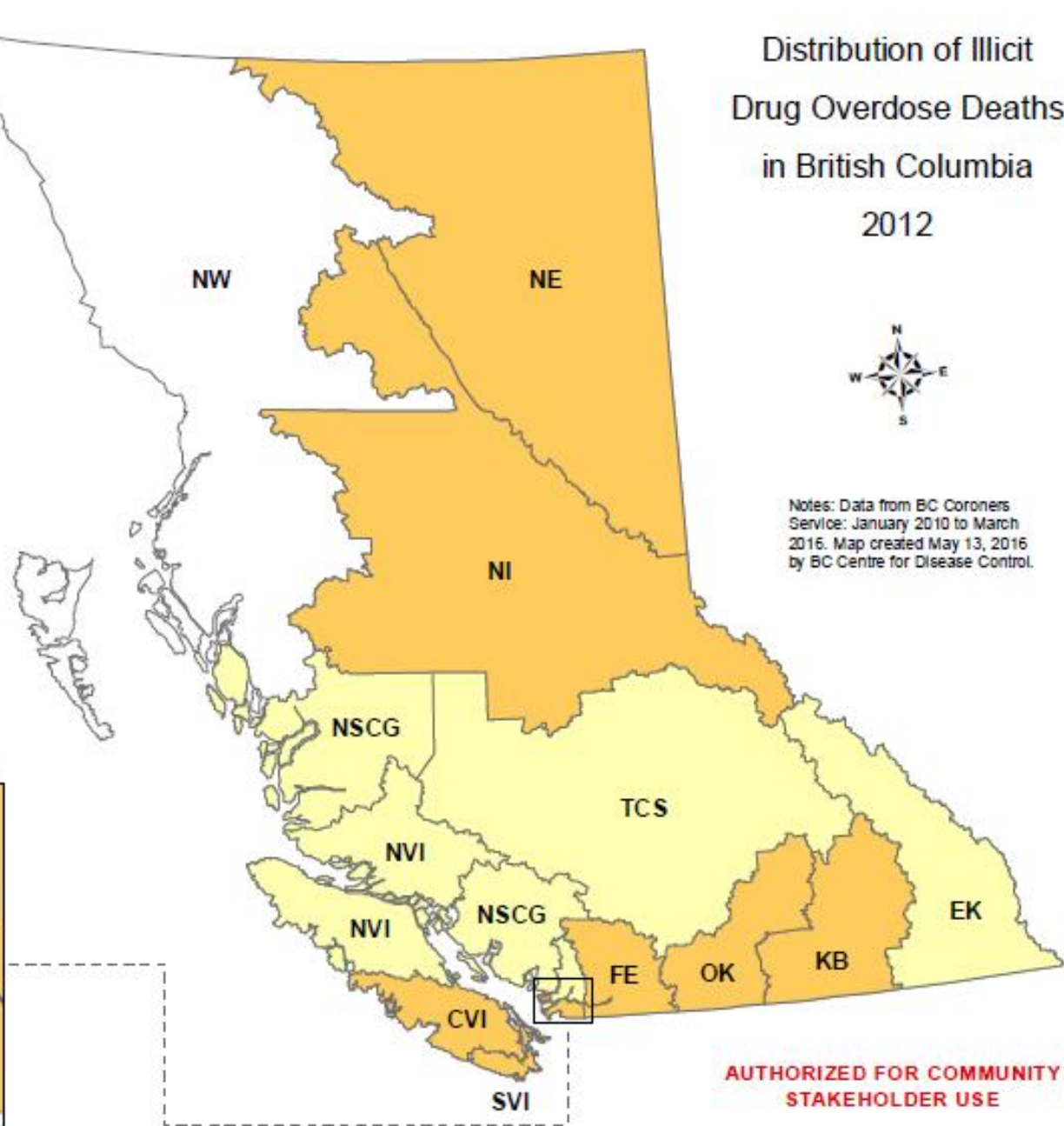
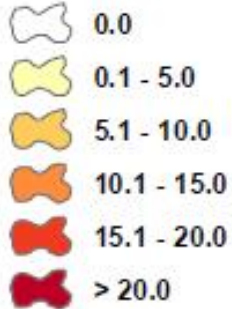
BC Centre for Disease Control
an agency of the province of british columbia



Coroners Service
Ministry of Public Safety and Solicitor General

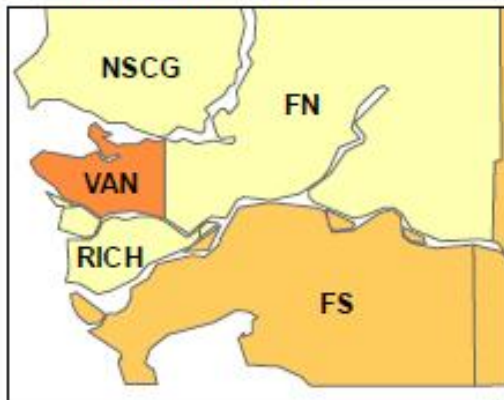
Distribution of Illicit Drug Overdose Deaths in British Columbia 2012

Rate per 100,000
population by HSDA



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**



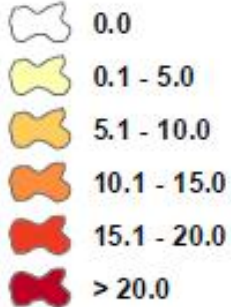
BC Centre for Disease Control
an agency of the British Columbia government



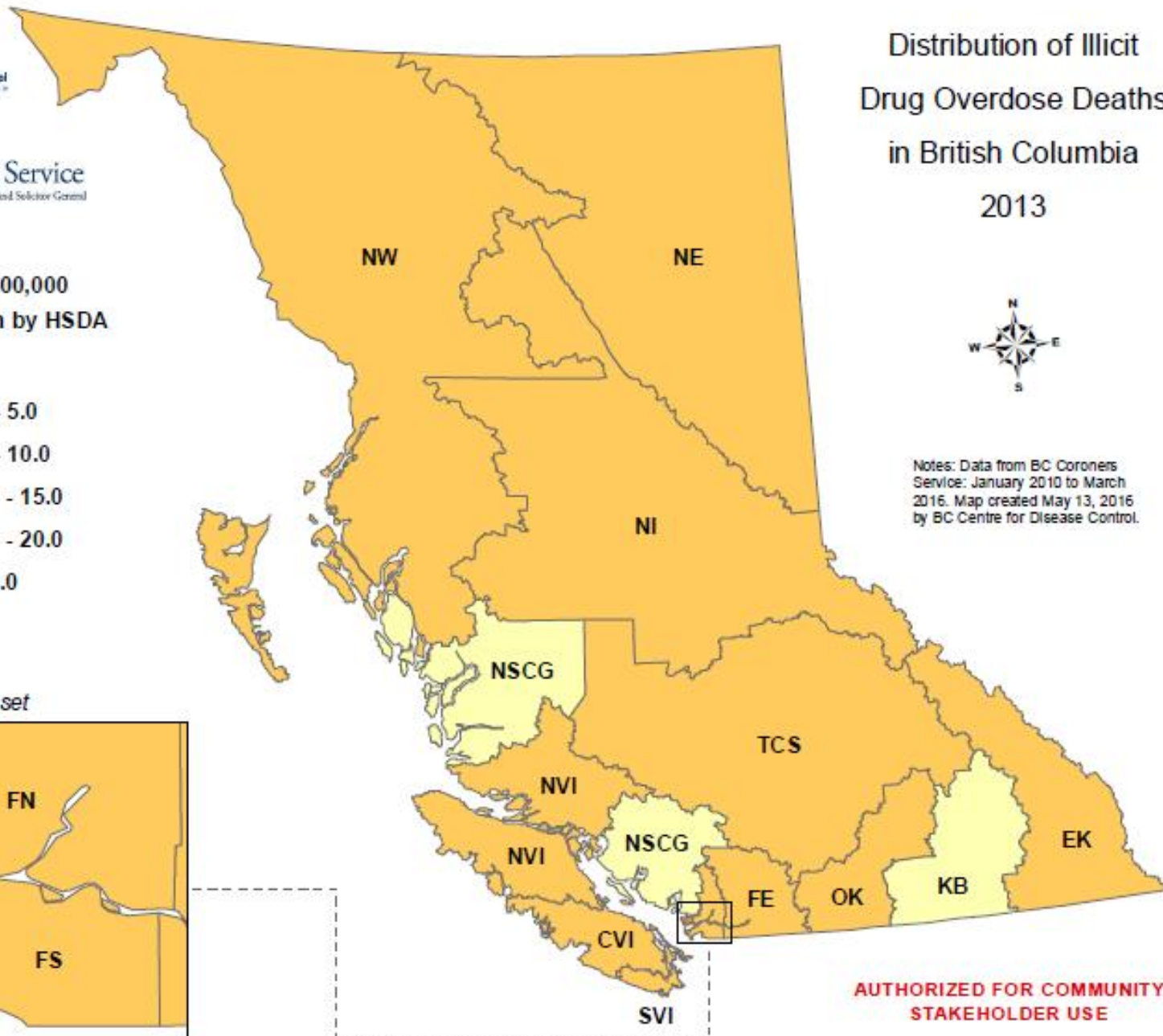
Coroners Service
Ministry of Public Safety and Solicitor General

Distribution of Illicit Drug Overdose Deaths in British Columbia 2013

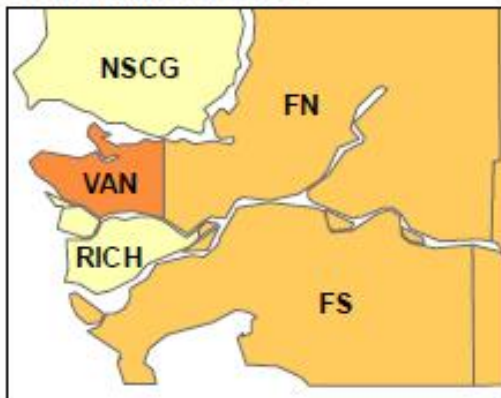
Rate per 100,000 population by HSDA



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

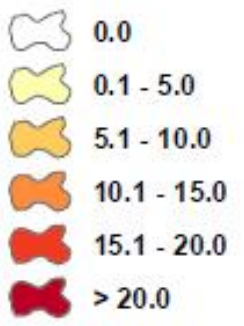


AUTHORIZED FOR COMMUNITY STAKEHOLDER USE

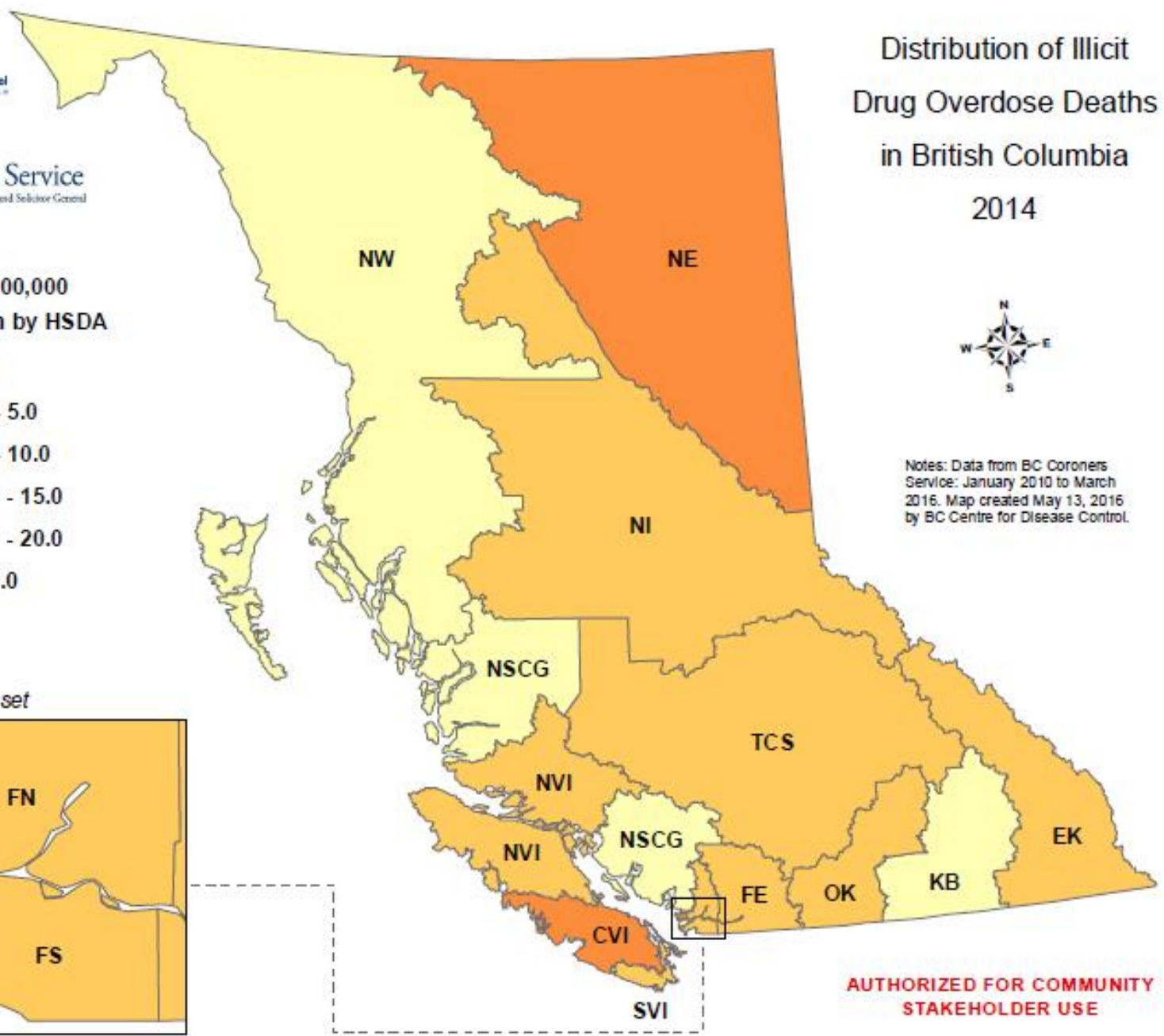


Distribution of Illicit Drug Overdose Deaths in British Columbia 2014

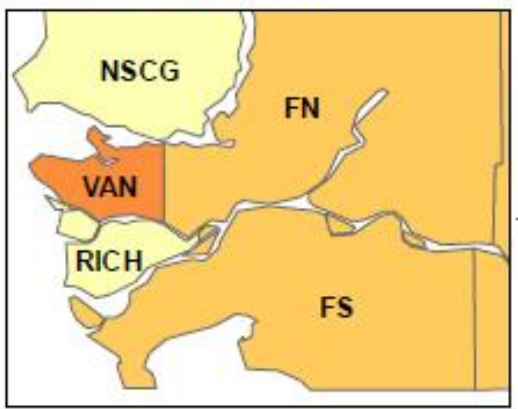
Rate per 100,000 population by HSDA



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

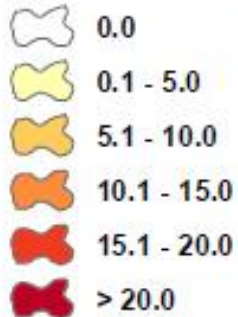


AUTHORIZED FOR COMMUNITY STAKEHOLDER USE



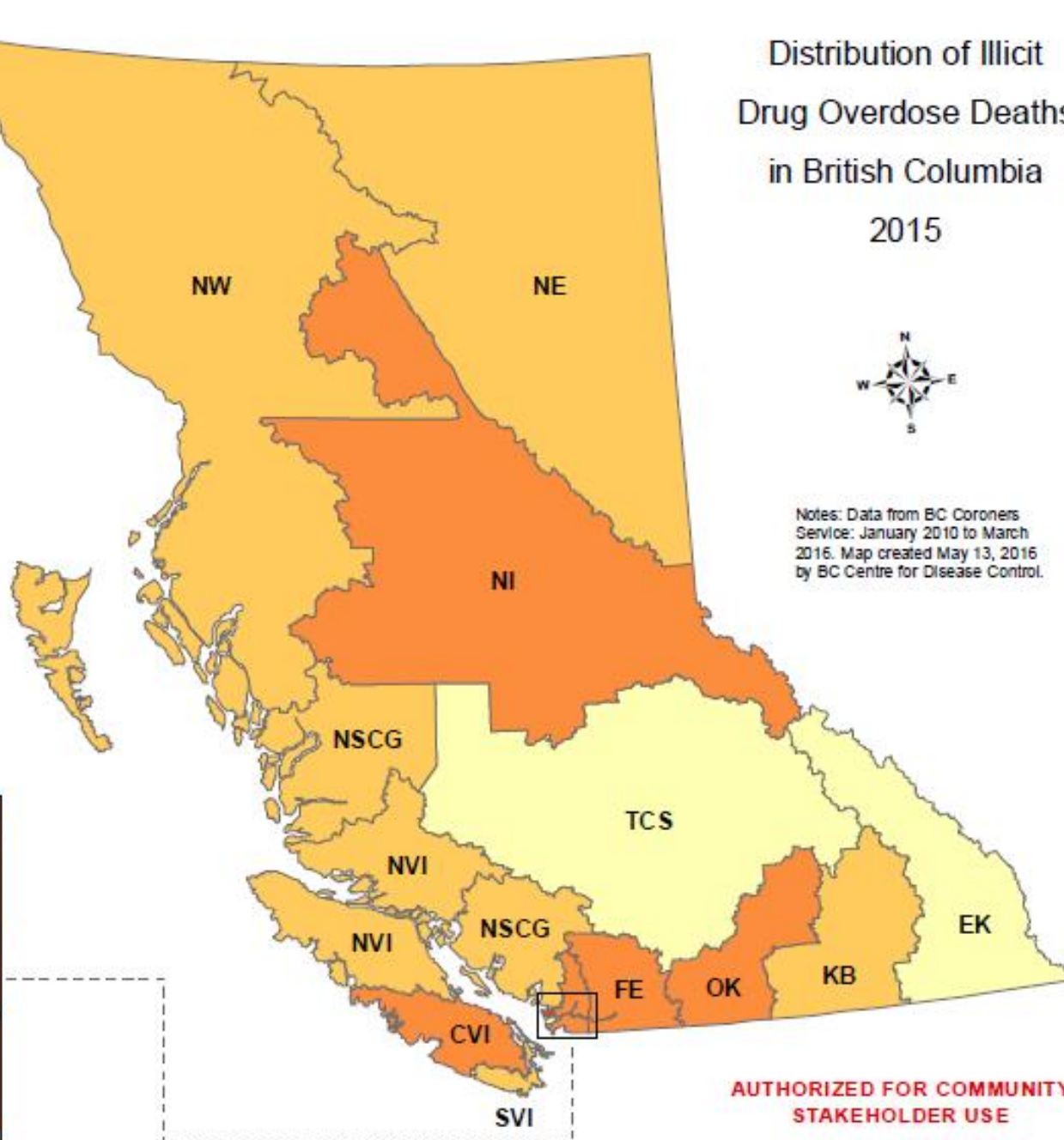
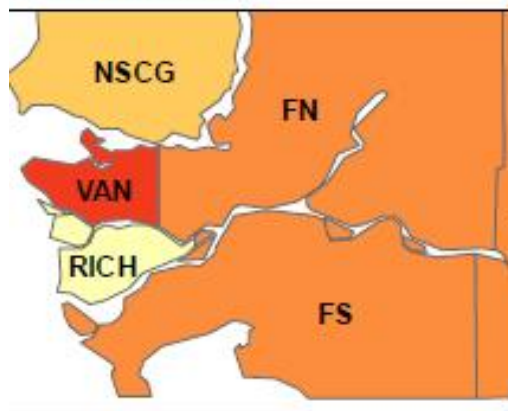
Distribution of Illicit Drug Overdose Deaths in British Columbia 2015

Rate per 100,000 population by HSDA



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



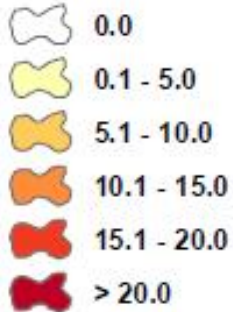
BC Centre for Disease Control
AN AGENCY OF THE PROVINCE OF BRITISH COLUMBIA



Coroners Service
Ministry of Public Safety and Solicitor General

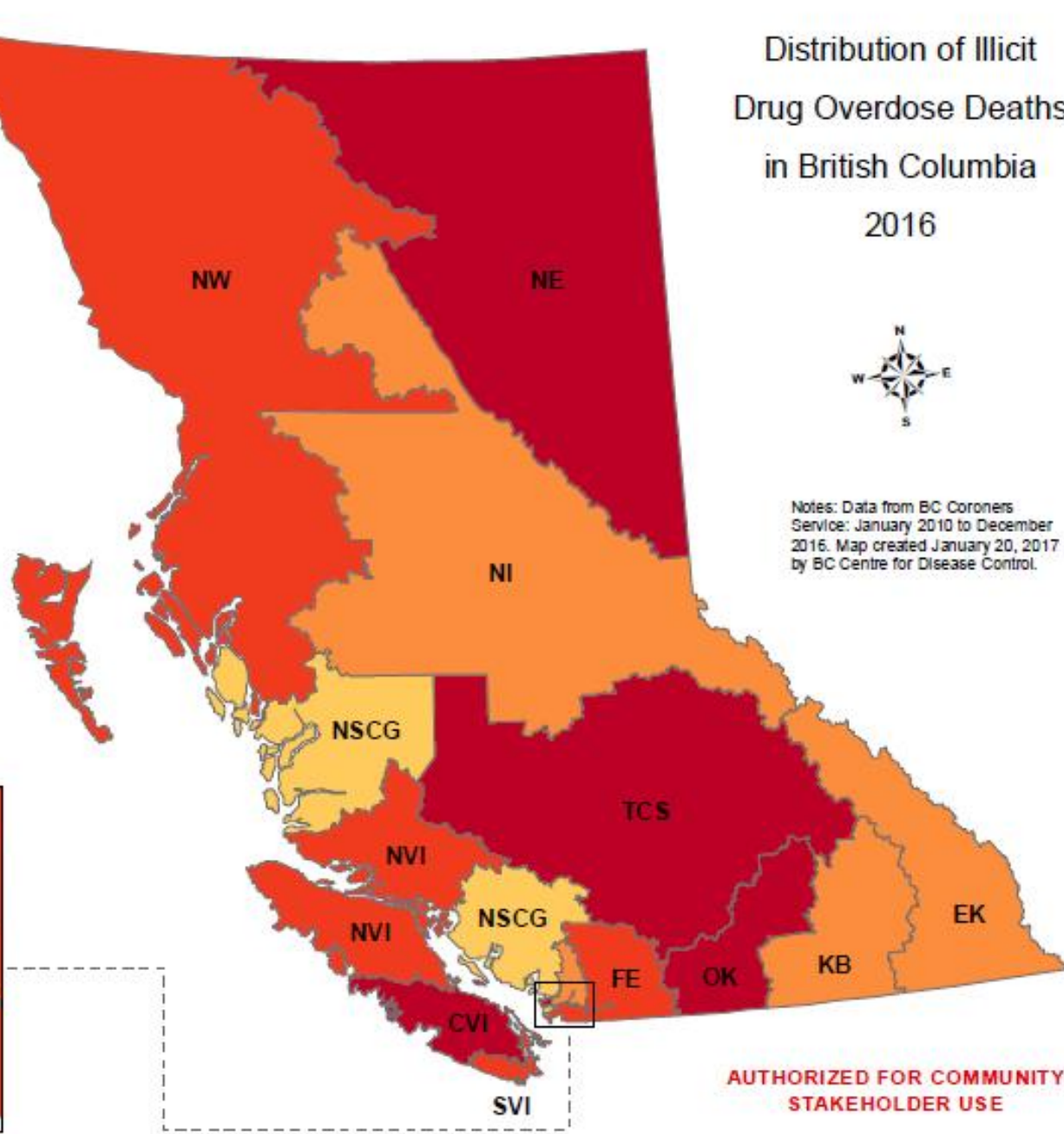
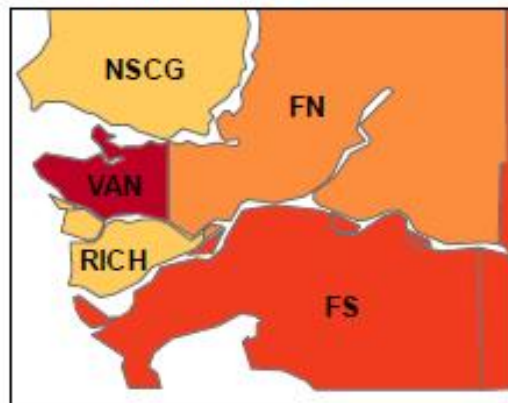
Distribution of Illicit Drug Overdose Deaths in British Columbia 2016

Rate per 100,000 population by HSDA



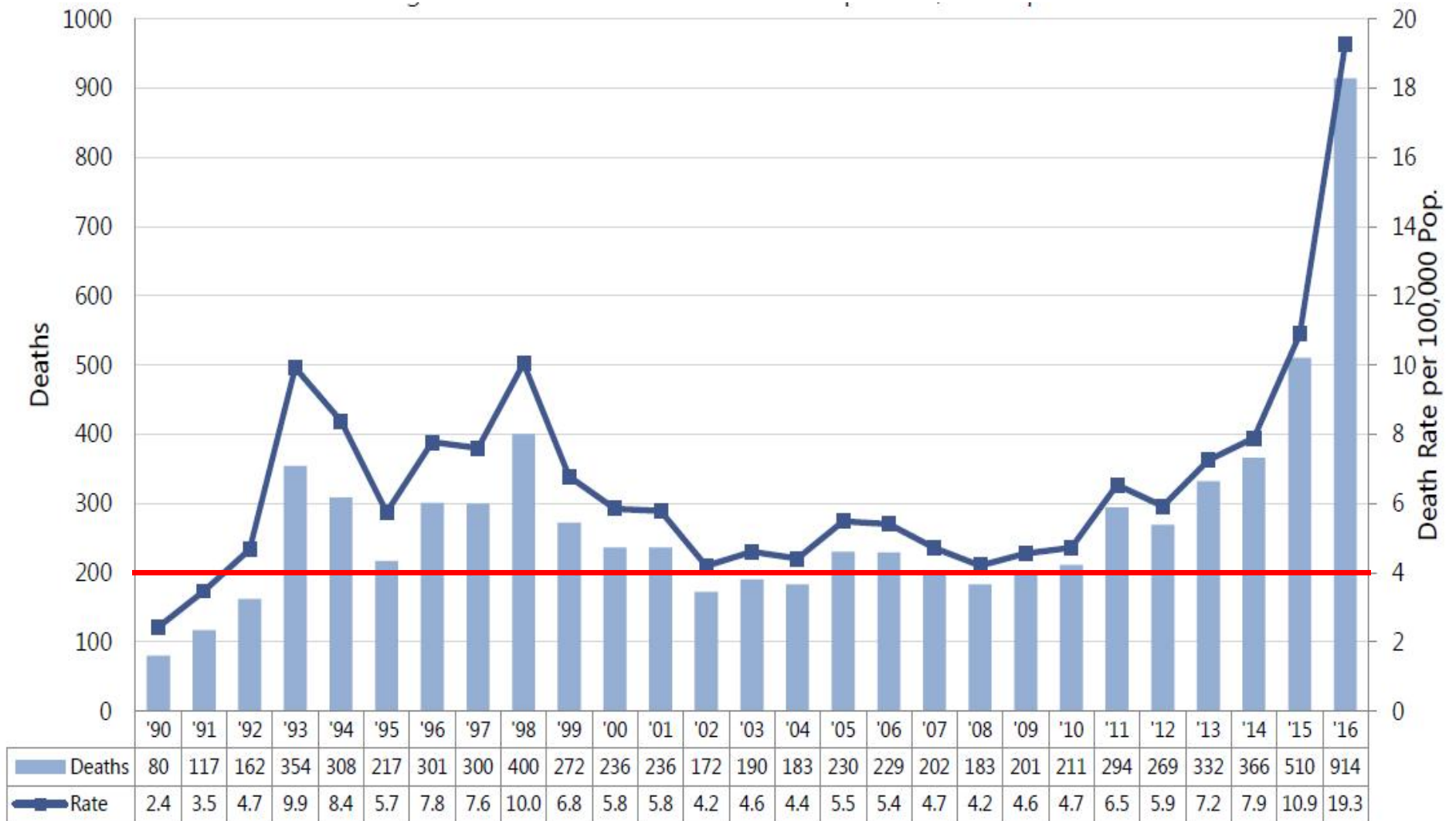
Notes: Data from BC Coroners Service: January 2010 to December 2016. Map created January 20, 2017 by BC Centre for Disease Control.

Greater Vancouver Inset



AUTHORIZED FOR COMMUNITY STAKEHOLDER USE

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

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

Where are the overdose deaths happening?

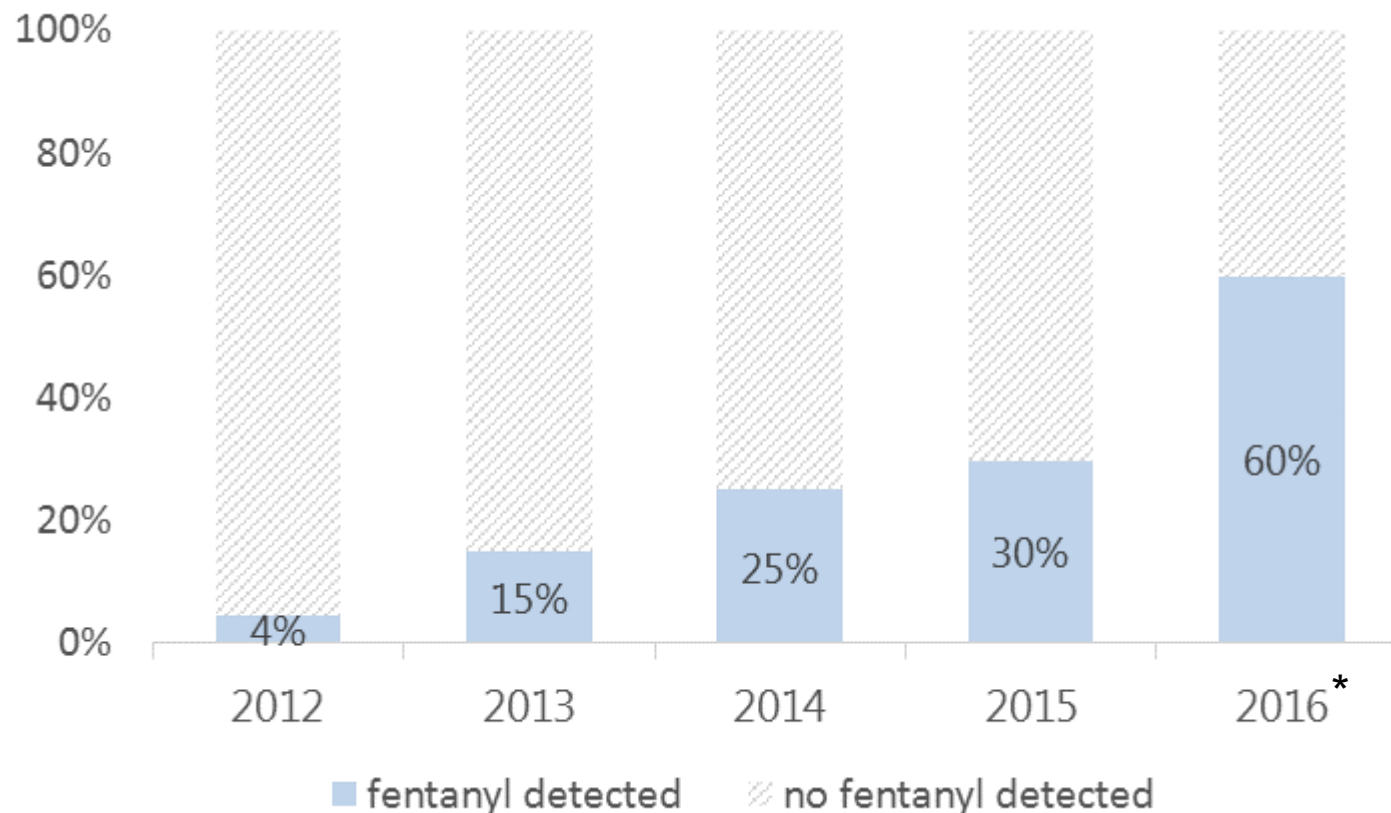
Illicit Drug Overdose Deaths by Top Townships of Injury, 2007-2016* [3]										
Township	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Vancouver	59	38	60	42	69	65	80	99	134	215
Surrey	22	20	23	32	42	44	36	43	76	108
Victoria	19	29	13	13	17	17	25	20	18	66
Kelowna	6	2	5	9	14	8	12	12	19	48
Kamloops	11	7	7	10	2	5	8	7	7	40
Abbotsford	3	4	4	10	16	7	10	7	27	37
Burnaby	9	12	8	9	10	10	13	11	16	36
Langley	3	5	2	3	9	5	10	10	10	30
Nanaimo	2	2	6	4	8	6	20	16	19	29
Maple Ridge	5	2	6	4	4	5	10	14	29	27
Prince George	5	2	4	1	6	10	7	10	12	17
Vernon	3	1	4	6	7	1	11	6	8	13
Other Township	55	59	59	68	90	86	90	111	135	248
Total	202	183	201	211	294	269	332	366	510	914

*sorted by 2016 totals

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

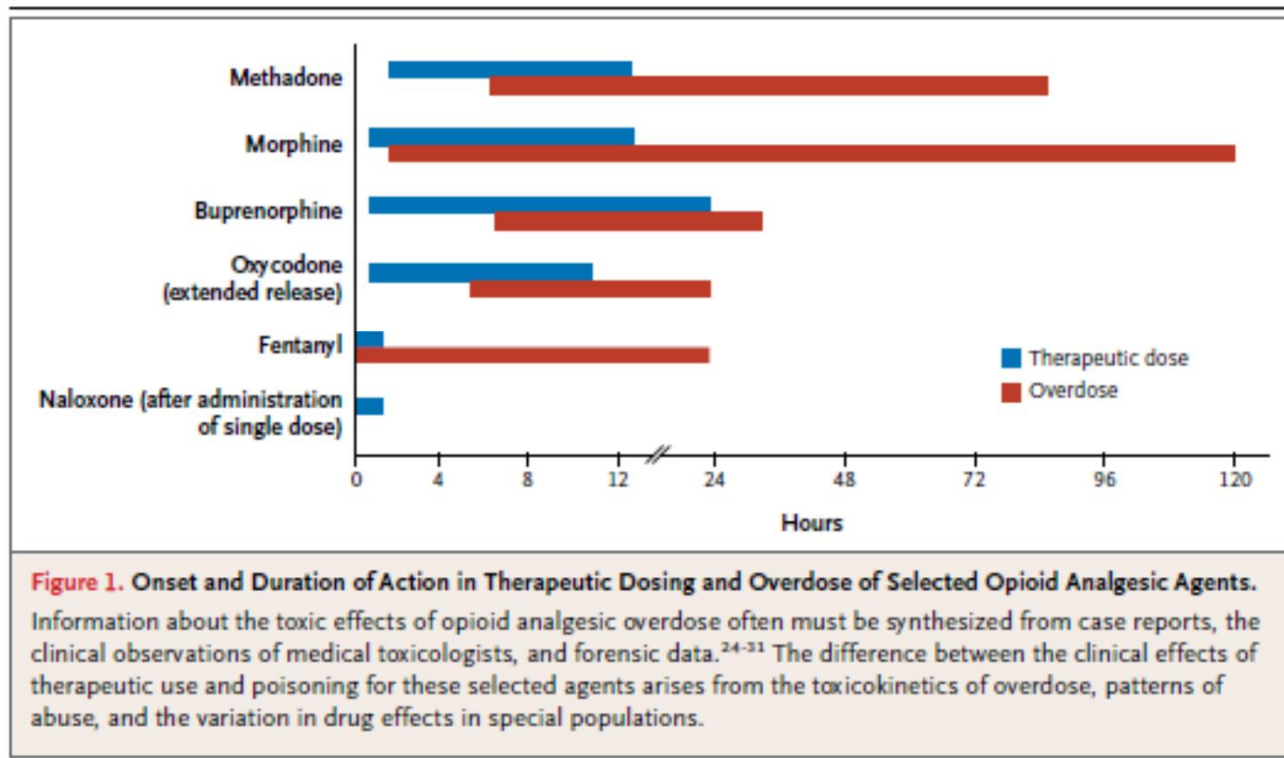
% of unintentional illicit drug deaths in which fentanyl was detected

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



Onset and Duration of Action of Opioids: Boyer NEJM 2012

The NEW ENGLAND JOURNAL of MEDICINE





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

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—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

Safer drug use and Alerts

OVERDOSE AWARENESS

OPIOID

Have morphine-like and prescribed for
E.g. heroin, morphine, methadone, fentanyl, oxycodone, Vicodin

YOU HAVE THE POWER TO SAVE A LIFE

Know The Risks

- Mixing substances**

... causes dangerous mixed effects
- Recreational or one-time use**

... illicit or unknown contents & inexperience
- Changes in prescription**

... accidentally taking incorrect dose or mixing of effects
- Using reduced**

... t

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**

- 
- **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



OVERDOSE SURVIVAL GUIDE

TIPS TO SAVE A LIFE

PREVENTION

OVERDOSE IS MOST COMMON WHEN:

- Your tolerance is lower: you took a break, were in detox/treatment or jail, or you are new to use
- You have been sick, tired, run down, dehydrated or have liver issues
- You mix drugs: prescribed or not, legal or illegal
- The drugs are stronger than you are used to: changes in supply, dealer, or town

TO PREVENT OVERDOSE:

- Know your health status and your tolerance
- Do not mix drugs and alcohol. If you do mix, choose to use drugs before alcohol
- Be aware: using drugs while on prescribed medications can increase overdose risk
- Don't use alone. Leave door unlocked. Tell someone to check on you
- Do testers to check strength. Use less. Pace yourself
- Talk to an experienced person or a trusted healthcare provider about reducing risk
- Know CPR and get trained on giving naloxone
- Choose a safer route of taking drugs

THE RECOVERY POSITION

KEEP THE AIRWAY CLEAR

Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking. **Call 911 for help.**

CHOOSE A SAFER ROUTE

SAFER / NO USE	SWALLOWED	SNORTED / SMOKED / INSERTED	INJECTED	MORE LIKELY TO OVERDOSE

OVERDOSE? → TAKE CHARGE. → TAKE CARE.

OPIOIDS / DEPRESSANTS (e.g., opioids: morphine, dilaudid, heroin / depressants: alcohol, GHB, benzodiazepines)

FEELS AND LOOKS LIKE:	IN CASE OF OPIOID OVERDOSE:	SAVE ME
<ul style="list-style-type: none"> • Person cannot stay awake • Can't talk or walk • Slow or no pulse • Slow or no breathing, gurgling • Skin looks pale or blue, feels cold • Pupils are pinned or eyes rolled back • Vomiting • Body is limp • No response to noise or knuckles being rubbed hard on the breast bone 	<ul style="list-style-type: none"> • Stay with person. Use their name. Tell them to breathe • Call 911 and tell them person is not breathing. When paramedics arrive tell them as much as you can about drugs and dose • Use naloxone if available. Naloxone only works on opioid overdose • After naloxone a person might feel withdrawal. Do not take more drugs. Sick feeling will go away when naloxone wears off (30 – 75 minutes). Be aware: overdose can return 	<p>S stimulation Can you wake them up? If not, call 911</p> <p>A airway Make sure there's nothing in their mouth that stops them from breathing. Breathe for them. (Plug nose, tilt head back, and give 1 breath every 5 secs). Are they any better? Are you trained to give naloxone?</p> <p>V ventilate Inject 1cc of naloxone into a muscle.</p> <p>M muscular injection Is the person breathing on their own? If they're not awake in 5min, another 1cc dose is needed. Tell the person not to use any more drugs right now – wait at least 2 hours.</p> <p>This is proven to work. Other remedies can actually be harmful.</p>

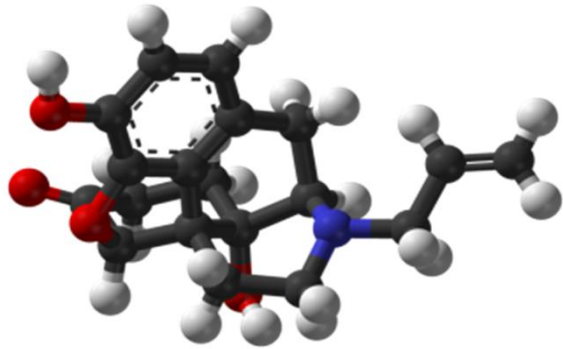
STIMULANTS (e.g., cocaine, methamphetamine, ecstasy)

FEELS AND LOOKS LIKE:	ASSESSMENT: ARE THEY EXPERIENCING A OR B?
<ul style="list-style-type: none"> • Fast pulse or no pulse • Short of breath • Body is hot/sweaty, or hot/dry • Confusion, hallucinations, unconscious • Clenched jaw • Shaky <p>There are NO medications to safely reverse a stimulant overdose.</p>	<p>A: MENTAL DISTRESS/OVERAMP Associated with: sleep deprivation, crashing, anxiety, paranoia. If a person is conscious, and you are sure this is not medical in nature, they may just need support and rest. Call Poison Control to help assess.</p> <p>WHAT TO DO:</p> <ul style="list-style-type: none"> • Keep calm. Stay with person. Use their name • Give water or fluid with electrolytes. Do not overhydrate • Place cool, wet cloths under: armpits, back of neck, and head • Open a window for fresh air • Get them comfortable. Move away from activity • If aggressive/paranoid suggest they close their eyes, give person space • Encourage person not to take any other substances <p>B: PHYSICAL DISTRESS/ACUTE STIMULANT TOXICITY Medical attention is required immediately if person has:</p> <ul style="list-style-type: none"> • Jerking or rigid limbs • Rapidly escalating body temperature and pulse • In and out of consciousness • Severe: headache, sweating, agitation • Chest pains <p>WHAT TO DO:</p> <ul style="list-style-type: none"> • Call 911 • Stay with person • Keep person: conscious, hydrated, calm • If heart has stopped do "hands-only" CPR • Tell medical professionals as much as possible

PAMPHLET INFORMATION BC Harm Reduction Program:
Tel: 604-273-8200 e-mail: outreach@towardtheheart.com

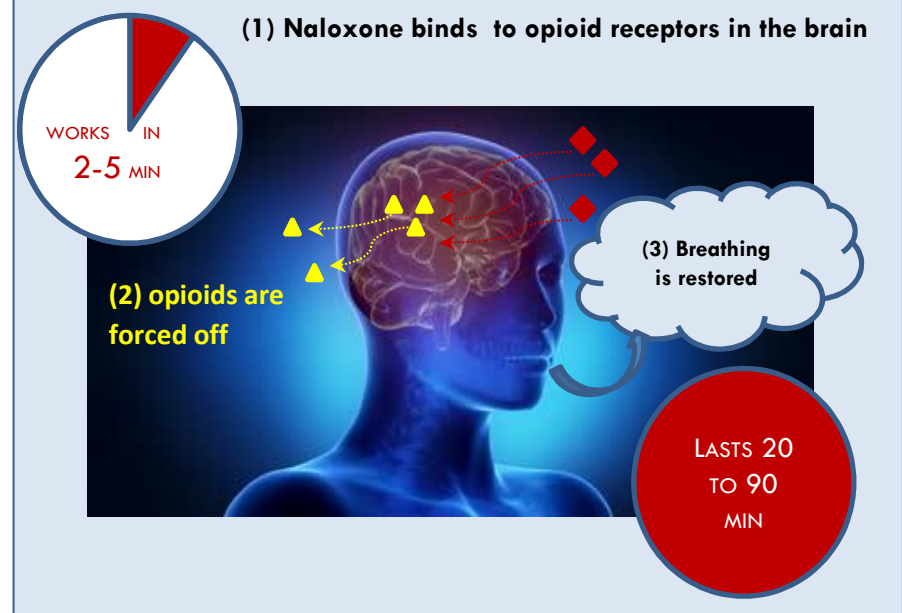
OVERDOSE INFORMATION: Poison Control Centre (24 hrs)

Naloxone



- Opioids attach to μ 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

How does **NALOXONE** work?



S.A.V.E. M.E.

Follow the **SAVE ME** steps below to respond.



If the person must be left unattended at any time, put them in the recovery position.



Stimulate

Unresponsive? **CALL 911**



Airway



Ventilate

1 breath every 5 seconds



Evaluate



Muscular Injection

1 mL of naloxone



Evaluate

2nd dose?

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

	Sept - Dec 2012	2013	2014	2015	2016	2017*	Total
Sites Enrolled	6	27	64	17	294	9	417
Kits Dispensed	107	617	1,188	3,394	16,579	44	22,021**
THN Kits administration events***	5	36	125	428	3,165	6	3,765

*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



HOWEVER
ONLY
60.5%
CALLED 911
DURING AN OVERDOSE

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

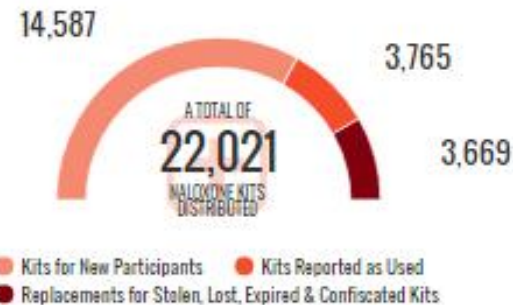
Take Home Naloxone (THN) kits are now available, at no cost, for people who are most likely to witness and respond to an opioid overdose

SO FAR...



NUMBER OF KITS DISTRIBUTED BY YEAR

DISTRIBUTION OF KITS



INCLUDING

417
THN DISTRIBUTION LOCATIONS IN BC

57
EMERGENCY DEPARTMENTS

61
FIRST NATION SITES SERVING 96 COMMUNITIES

10
CORRECTIONS FACILITIES

7
FORENSIC PSYCHIATRIC FACILITIES

1,289
OVERDOSE RESPONSE FORMS RECEIVED

3,765
KITS REPORTED AS USED TO REVERSE 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



Hesitation during an overdose costs lives, says Michael Parkinson of the Waterloo Region Crime Prevention Council. A B.C. MP is introducing a bill today to give people reporting a drug overdose immunity from drug possession charges. (Shutterstock)

5434 shares



Facebook



Twitter



Reddit

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

A PROJECT OF THE PROVINCIAL HARM REDUCTION PROGRAM

Join us



Search site



[NALOXONE](#) | [FENTANYL](#) | [SUPPLIES](#) | [E-ZINE](#) | [FIND A HARM REDUCTION SITE](#) | [NEWS](#) | [CONTACT](#)

FIND A HARM REDUCTION SITE

Where are you?

Distance

5km

What supplies are you looking for?

Naloxone

Search

Reset

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](#)

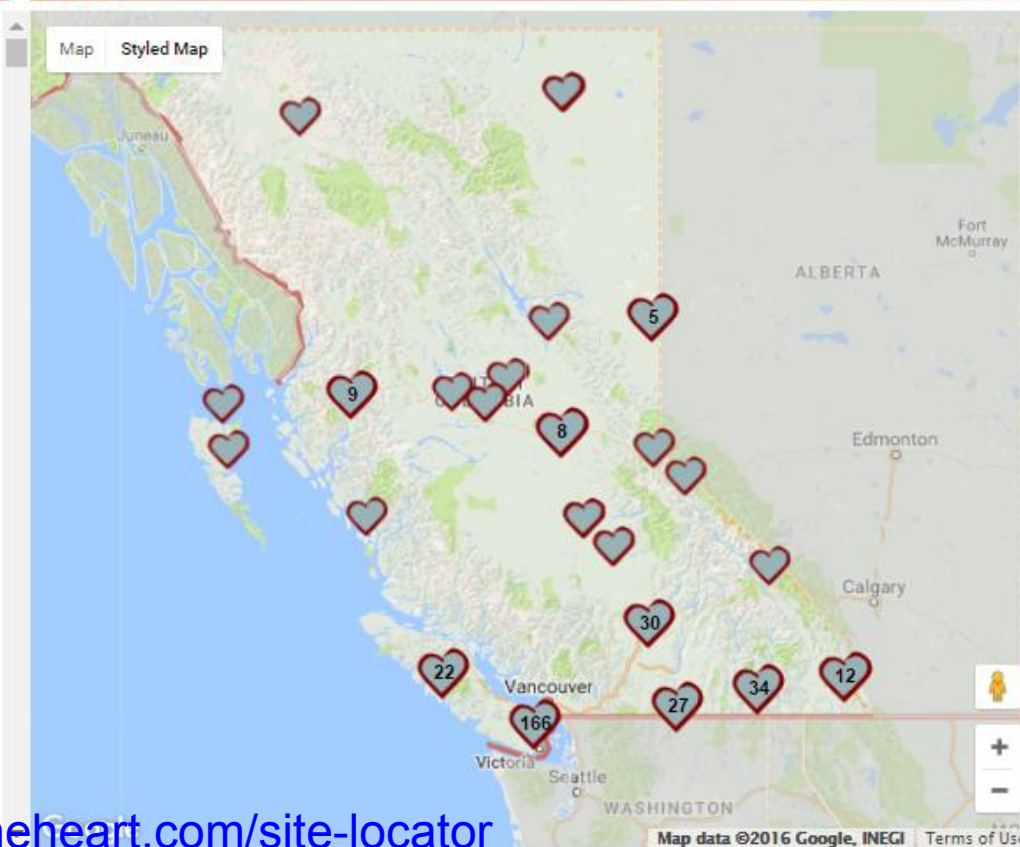
Quesnel Public Health Unit

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

Terrace HU

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

MAP



<http://towardtheheart.com/site-locator>

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

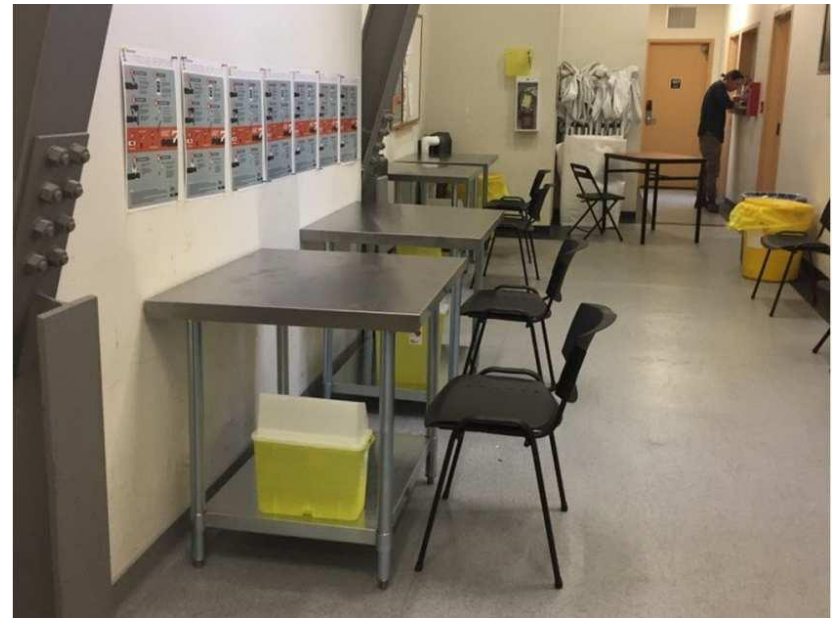
- Develop OD response policy
- Staff - training, debriefing & support
- Plan exercises/drills to maintain staff competencies and train new staff
- Documentation to BCCDC - reporting naloxone use and restocking supplies

<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

<http://vancouver.sun.com/news/local-news/b-c-gives-go-ahead-for-more-local-overdose-prevention-sites-to-deal-with-opioid-crisis>



<http://www.bcmmu.ca/news-stories/stories/mmu-deployed-to-help-respond-to-oid-overdose-crisis>



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)

9. Better meet the mental health and substance use needs of gay and bisexual men in BC:

- Improve the reach, engagement, and quality of mental health and substance use services and resources for gay and bisexual men, in alignment with the provincial *Healthy Minds, Healthy People* 10-year plan.¹⁹² Areas of particular concern for gay and bisexual men include mood disorders, sexual abuse and physical violence, problematic substance use, and support for dealing with the mental health impacts of homophobia and stigma.
- Work with the mental health/substance use sector to create dedicated services for gay and bisexual men, and ensure that existing mental health and substance use services are respectful and responsive to the beliefs, practices, and cultures of gay and bisexual men.
- Develop approaches that reach men across BC, including community-based approaches such as self-management toolkits, peer counselors or support groups, community counseling, and online or telehealth services.

Acknowledgements

- 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





cbrc.net/network

**Please evaluate this
webinar.**

Thank you!

