

# DO HARM REDUCTION EFFORTS SAVE LIVES IN B.C.?

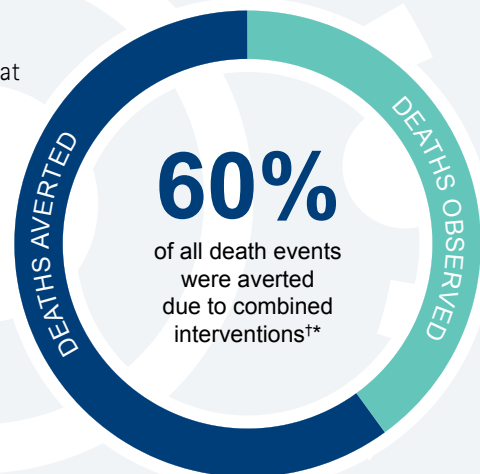
Drug-related overdoses and deaths are a serious concern in B.C. In April 2016, a public health emergency was declared, followed by a ramp-up of community-based naloxone distribution; the expansion of overdose prevention services (OPS) and supervised consumption sites (SCS); and, increased access to opioid agonist therapy (OAT), like methadone and Suboxone®.

Pulling together data from multiple sources, researchers from the BC Centre for Disease Control and the University of British Columbia developed a mathematical model that estimates the impact of different priority response actions on preventing overdose deaths in the province.



## CONNECTING THE DOTS

In B.C., between April 2016 and December 2017, at least 2,177 people died from a suspected illicit drug overdose. During that time, approximately **80,000 Take Home Naloxone (THN)** kits were distributed, **OPS sites were established** (with 3,794 overdoses survived), and **OAT prescriptions increased by 20%**.



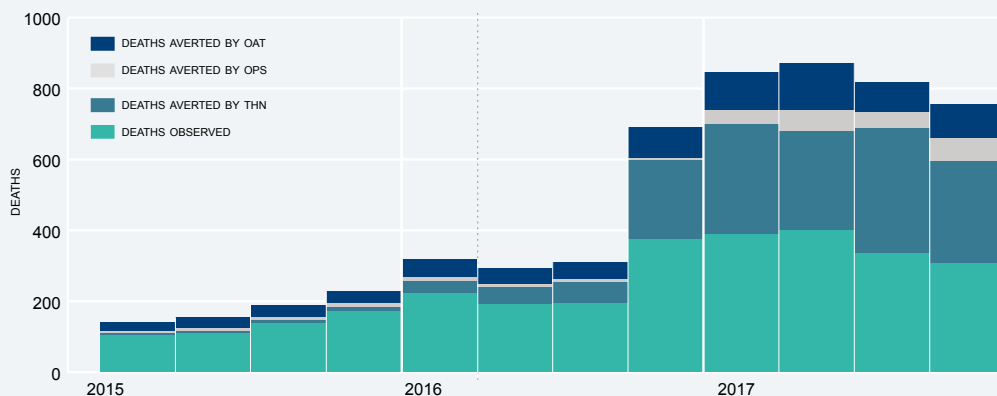
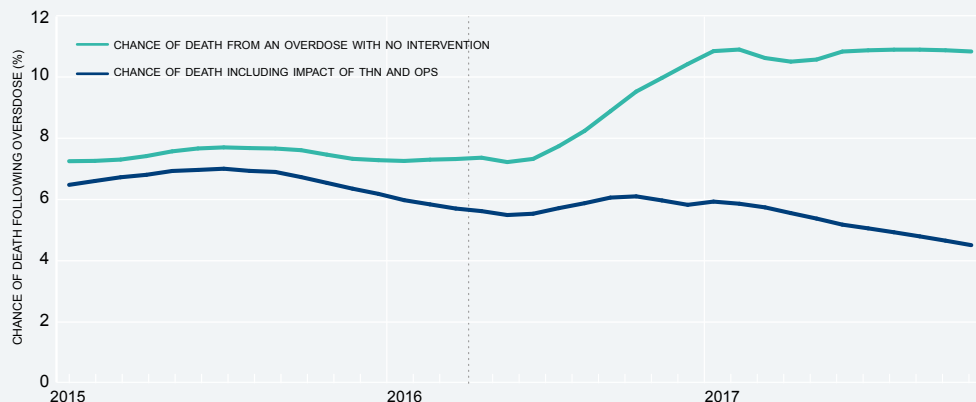
\* since B.C. declared a public health emergency, and until December 2017.

† A death event averted is defined as an overdose that would have resulted in that person's death if no intervention was provided. If an individual overdoses and receives intervention many times over one year then this could lead to more than one death event averted.

## DECODING THE DATA



Scaling up community-based naloxone distribution, establishing observed consumption sites and improving access to OAT in B.C. have been effective in preventing overdose deaths. Modelling data from April 2016 to December 2017 shows that 3,030 death events were averted by these interventions.



ESTIMATED (ANNUAL QUARTER) IMPACT OF THN, OPS AND OAT ON THE TOTAL NUMBER OF DEATHS AVERTED IN B.C. FROM JANUARY 2015–DECEMBER 2017. GREEN indicates the total number of suspected illicit drug overdose deaths observed, with deaths averted for each intervention in isolation displayed as separate colours. Dashed line represents when the provincial public health emergency was declared.

# HARM REDUCTION: Actions that Save Lives

Harm reduction is a pragmatic response that focuses on keeping people safe. The approach aims to minimize death, disease and injury associated with higher risk behaviour. Harm reduction also recognizes that the behaviour may continue despite the risks.

The BC Centre for Disease Control (BCCDC) believes that harm reduction is essential to prevent and reduce undue health, social, cultural and economic harms of substance use. In British Columbia, initiatives such as overdose prevention services and the Take Home Naloxone program were put in place to help to respond to the overdose emergency.

## OVERDOSE PREVENTION SERVICES

(OPS) provide people who use drugs with a safe space to consume their drugs while being monitored by someone trained to recognize and respond to an overdose using naloxone. OPS are often the first point of contact with the health system for many people and provide opportunities to connect people to mental health and substance use services, where appropriate. Many sites also distribute harm reduction supplies (e.g., sterile needles, filters, cookers, and condoms) and collect used needles.



Molson OPS, Vancouver DTES

**OPIOID AGONIST THERAPY (OAT)** is an effective range of drug treatments for opioid use disorder associated with substances such as heroin, oxycodone, and fentanyl. Increasing the availability of different evidence-based treatment options represents an important component of the health system's response to the opioid overdose emergency.

This treatment works to prevent withdrawal and reduce cravings for opioid drugs by replacing shorter-acting opioids with longer-acting ones, such as methadone and Suboxone®. People living with opioid use disorder can take OAT to help stabilize their lives and to reduce the harms related to their drug use.

Across B.C., OPS sites were first mandated to open in all B.C.'s five regional health authorities in December 2016 by Order of the Minister of Health

## SUPERVISED CONSUMPTION SITES

(SCS) provide similar services to OPS sites, but operate under a federal exemption under section 56.1 of the *Controlled Drugs and Substances Act*.

Supervised consumption sites provide clean, safe environments where people can use substances under the supervision of trained staff without the risk of arrest for drug possession. These sites help protect clients from fatal overdoses and prevent HIV and viral hepatitis. Similar to OPS, SCS are often the first point of contact with the health system for many people and provide opportunities to connect people to mental health and substance use services, where appropriate.

**Each month, an average of 65 physicians across B.C. prescribe OAT for the first time.** Physicians prescribing for the first time are most likely to prescribe buprenorphine/naloxone (Suboxone®).

**TAKE HOME NALOXONE (THN)** The BC Center for Disease Control started the Take Home Naloxone program in 2012 to provide life-saving training and kits to people at risk of an opioid overdose.

**Naloxone can temporarily reverse an overdose** by binding to specific opioid receptors in the brain, thereby preventing opioids from binding there.

Naloxone is a medication that quickly reverses the effects of an overdose from opioids such as heroin, methadone, fentanyl and morphine. Naloxone kits are available in B.C. without a prescription and free for people at risk of an opioid overdose, as well as those most likely to witness and respond to an overdose. In B.C., naloxone is often given as an injection into a muscle.

