

OPIOID OVERDOSE EMERGENCY IN B.C.

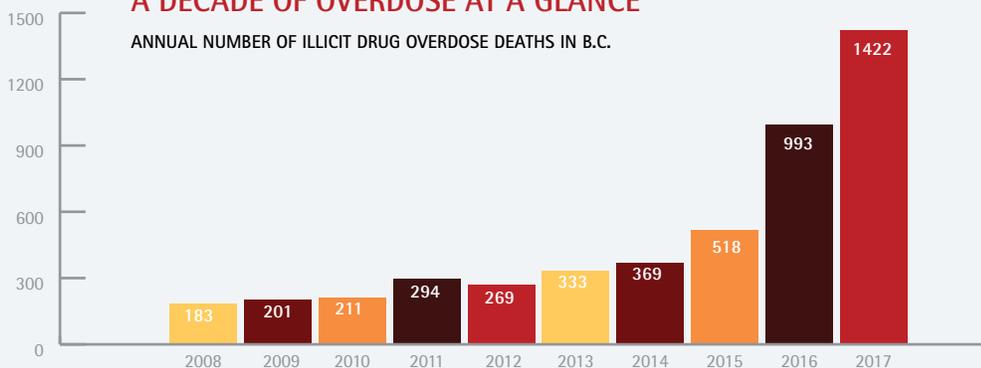
Unintentional drug overdoses have swiftly become a major public health crisis in Canada. In British Columbia, the number of opioid-related overdoses and overdose deaths has increased since 2011 and rose dramatically in mid-2015.

At the centre of the current epidemic is the replacement of diverted pharmaceutical pills and imported heroin with extremely potent synthetic opioids, primarily in the forms of fentanyl and carfentanyl.

In April 2016, a public health emergency was declared in B.C., punctuated by a rapid expansion of community-based naloxone distribution, increased access to methadone and suboxone therapy, scaled-up public education campaigns and the establishment of overdose prevention services locations.

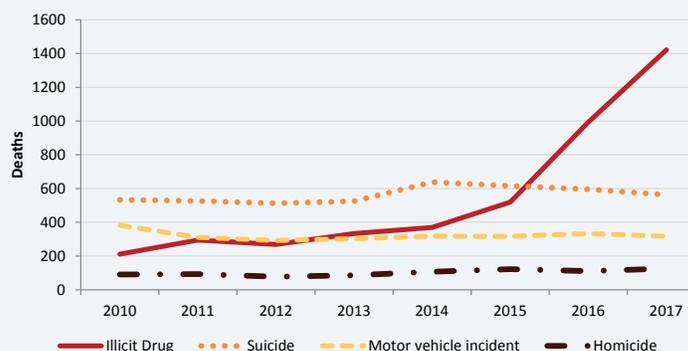
Together with all levels of government, regional health authorities, emergency health services, law enforcement, people with lived experience of drug use and other partners, the BC Centre for Disease Control continues to monitor and respond to the crisis through situation monitoring, the provincial naloxone program, ongoing analysis of risk factors, and province-wide coordination.

A DECADE OF OVERDOSE AT A GLANCE

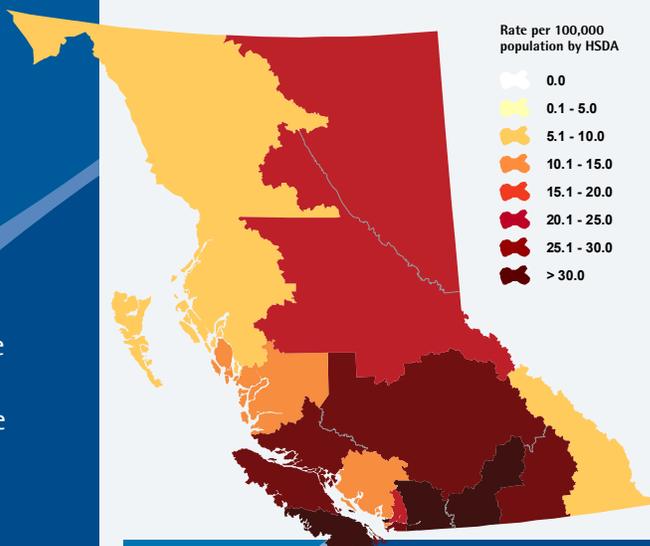


THE IMPACT OF UNINTENTIONAL DRUG OVERDOSES IN B.C.

MAJOR CAUSES OF UNNATURAL DEATHS IN B.C.



SOURCE: www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illlicit-drug.pdf



NO AREA UNTOUCHED

Overdose rates in B.C. are dramatically on the rise, and the devastating impact of a fentanyl-contaminated drug supply has pushed overdose deaths to levels never seen before, affecting people in urban, suburban and rural areas across the province.

DISTRIBUTION OF UNINTENTIONAL DRUG OVERDOSE DEATHS IN B.C. IN 2017 (RATE PER 100,000 POPULATION)

WHO IS AT RISK?

Substance use is widespread across B.C. The opioid public health emergency affects all of us.

OF PEOPLE WHO DIED OF OVERDOSE IN 2017...

4/5

were male



4/5

were between 20-49 years old



BETWEEN JANUARY 1, 2015 AND NOVEMBER 30, 2016...

78%

of unintentional drug deaths had no associated 911 calls



AN OPIOID PRIMER

OPIOID: a class of drugs used to reduce pain that include hydrocodone, heroin, oxycodone, fentanyl, and morphine.

HEROIN: an illegal opioid that is sniffed, snorted, smoked, or injected into a muscle or vein. It is often mixed with other drugs or substances, such as sugar or caffeine, and can appear as a white or brown powder.

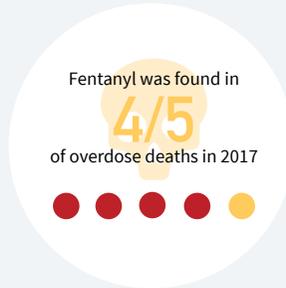
FENTANYL: a synthetic opioid 50 to 100 times more potent than morphine. Pharmaceutical fentanyl is used medically to treat severe pain. Illegally produced fentanyl has been found in an increased number of overdose deaths.

NALOXONE: a medication (opioid antidote) designed to rapidly reverse opioid overdose. It binds to opioid receptors and can reverse and block the effects of other opioids. It can very quickly restore normal breathing to a person whose breathing has slowed or stopped as a result of overdosing.

HARM REDUCTION: any action that aims to keep people safe and minimize death, disease, and injury from high risk behaviour. It involves a range of support services and strategies to empower and support people to be safer and healthier, such as substitution drug therapies (methadone for heroin), supervised consumption sites, peer support programs, and the Take Home Naloxone program.

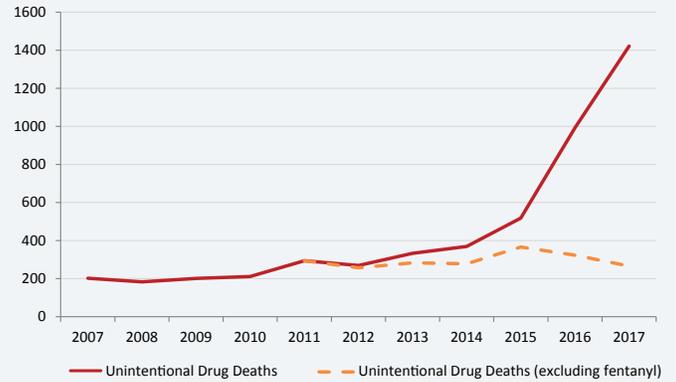
PEER ENGAGEMENT: peers are people with lived experience of substance use who are often engaged as experts, and use their lived experience to inform effective health service programming and delivery. Peer engagement can be mutually beneficial in promoting health equity in programs and policies while building capacity for peers and health authority representatives.

IN 2017, FENTANYL OR ITS ANALOGUES WERE DETECTED IN 81% OF ILLEGAL DRUG OVERDOSE DEATHS.



The emergence of fentanyl has pushed overdose events and death rates up and illuminated the geographically and sociodemographically widespread nature of illegal drug use in B.C.

UNINTENTIONAL DRUG OVERDOSE DEATHS INVOLVING FENTANYL



RESPONDING TO THE EMERGENCY

The **TAKE HOME NALOXONE** program began in 2012 and provides training and naloxone kits for free to people who are either at risk of having an overdose or witnessing someone having an overdose. Initiated in 2017, the **FACILITY OVERDOSE RESPONSE BOX** program gives out boxes containing naloxone to community organizations to respond quickly to overdose events.



Over **75,000** kits have been distributed since 2012. Over **48,000** were given out in 2017 alone

Over **17,000** kits have been used to reverse an overdose since 2012

There are over **1,500** Take Home Naloxone sites in B.C., including at emergency departments, pharmacies, correctional centres, health units and community agencies

Use People-first language		
Person who uses opioids	vs.	Opioid user OR Addict
Use language that reflects the medical nature of substance use disorders		
Person experiencing problems with substance use	vs.	Abuser OR Junkie
Use language that promotes recovery		
Person experiencing barriers to accessing services	vs.	Unmotivated OR Non-compliant
Avoid slang and idioms		
Positive test results OR Negative test results	vs.	Dirty test results OR Clean test results

STIGMA

Stigmatization contributes to isolation and means people will be less likely to access services. This has a direct, detrimental impact on the health of people who use drugs. The BC Centre for Disease Control encourages the use of respectful, non-stigmatizing language when describing substance use disorders, addiction and people who use drugs.