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 carfentanil.

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.

WHO IS AT RISK?

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

4/5 were male
4/5 were between 20-49 years old

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.

FENTANYL’S ROLE

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

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

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.

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RESPONDING TO THE EMERGENCY

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**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.

Use People-first language

- Person who uses opioids
- Person experiencing problems with substance use
- Person experiencing barriers to accessing services

Use language that reflects the medical nature of substance use disorders

- Opioid user OR Addict
- Abuser OR Junkie
- Unmotivated OR Non-compliant

Use language that promotes recovery

- Positive test results OR Negative test results
- Dirty test results OR Clean test results

Avoid slang and idioms

- Use respectful and non-stigmatizing language when describing substance use disorders, addiction and people who use drugs.