



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

655 West 12th Avenue  
Vancouver, BC V5Z 4R4

Tel 604.707.2400  
Fax 604.707.2441  
www.bccdc.ca

## BCCDC Public Knowledge Summary

*Public Knowledge Summaries provide ongoing and emerging information on BC Centre for Disease Control analytical findings.*

**Title: Analyzing patterns of health care utilization among people who overdose from illegal drugs in British Columbia**

**Date of Release:** March 7, 2018

**Analysis Lead:** Dr. Michael Otterstatter, BC Centre for Disease Control

**Data Source:** BC Provincial Overdose Cohort study

The ongoing BC Provincial Overdose Cohort study characterizes overdose events as well as the past medical history of people experiencing overdose. The purpose is to identify factors that are associated with overdose, and in turn to inform provincial, regional and local response efforts. In the study, a cohort of people with at least one drug-related overdose (either fatal or non-fatal) between January 1st, 2015 and November 30th, 2016 (i.e. the Overdose Cohort) was compared with a randomly selected group of B.C. residents of similar age sex, and area of residence.

Led by the BC Centre for Disease Control, the analysis examined healthcare utilization patterns among people who overdosed in 2015 and 2016 in B.C. The results suggest that a high proportion of people who overdosed from illegal drugs were highly engaged with the health care system in the year prior to their overdose, through emergency department visits, hospital admissions, and appointments with community physicians. Opportunities therefore exist to identify people at-risk of overdose and connect them to care.

The preliminary findings also show that a large group of people who went on to overdose left the emergency department without being seen by a doctor or left against medical advice. This highlights a missed opportunity for engagement with care. Interventions to reduce leave against medical advice are needed. These include providing harm reduction services in hospitals, improving responses to subjective symptoms such as pain and withdrawal, and initiatives to reduce actual and perceived stigma within primary care settings.

About one in six people who overdosed did not visit the emergency department, hospital or community physician in the year before overdose. This highlights the need for low-barrier interventions outside of a medical setting, such as supervised consumption sites/overdose preventions sites and advocacy organizations of people who use drugs.



A research and teaching centre affiliated with UBC

Many people who overdosed had substance use and mental health-related visits, and therefore such visits may help identify at-risk people before they overdose. Pain-related diagnoses were not more common among people who overdosed, which suggests that pain-related diagnoses are not a reliable marker for people at-risk in the year before overdose. The pattern of healthcare utilization was similar between people who died from an overdose and those who survived an overdose.

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