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BC DOAP Opioid Overdose Response Strategy (DOORS)

Background

Since 2010, accidental illicit drug overdose deaths have continued to increase at the regional, provincial and national levels. In 2015, there were 465 deaths apparent illicit drug overdoses in BC, a 27% increase from 366 deaths in 2014 and the highest number of illicit drug overdose deaths (IDD) since 1998. [i] Although most IDD are due to the consumption of multiple substances, preliminary data from the BC Coroners Service show that the proportion of IDD where fentanyl is detected (alone or in combination with other drugs) has increased from less than 5% in 2012 to approximately 30% in 2015.

The annual mortality rate due to illicit drug overdose in BC has risen from 4.7 per 100,000 in 2010 to 9.9 per 100,000 in 2015. This 100% increase in the mortality rate is troubling, given the increasing expansion of access to harm reduction services including overdose prevention training and take home naloxone. In comparison, the motor vehicle fatality rate in BC in 2012 was 6.2 per 100,000, the rate of deaths due to HIV disease in BC from 1996-2011 was 3.03 per 100,000, and the rate of accidental deaths related to prescription opioids in BC from 2005-2010 was 1.1 per 100,000 .[ii,iii]

Death, severe brain damage and other harms due to oxygen deprivation during an opioid overdose have been shown to be reduced through overdose education, community-based naloxone[1] programs,[iv,v] and supervised consumption facilities.[vi] These programs have been operational in the US and Europe since the late 1990s; Canada's first program began in 2005 and the British Columbia Take Home Naloxone program started in 2012.

Key Immediate Recommendations for Action

In response to this public health crisis, the BC Drug Overdose and Alert Partnership (DOAP) members have identified a number of key actions that municipal, provincial and federal agencies can take to help address this crisis:

1. Increase Access to Naloxone, an Opioid Overdose Antidote, Through Changes in Practice

- Health authorities should expand the BC Take Home Naloxone (THN) program sites for at-risk groups and the general public:
  - In community health centres, First Nations health centres and community-based agencies
  - In acute care settings including emergency departments (EDs) *(currently 8 ED sites in BC[2])*
  - In substance use withdrawal management and treatment facilities (including Opioid Substitution Treatment clinics)
- Provincial and federal correctional facilities should expand access to THN programs on release *(currently a pilot in 2 provincial institutions in BC)*
- Provide access to naloxone for non-medical staff working in community settings where overdoses occur (e.g. in shelters, temporary housing, drop-in centres, etc.)

[1] Naloxone is an opioid antagonist which can quickly restores breathing during an opioid overdose
[2] Enrolled in BC Take Home Naloxone program as of February 3, 2016

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- Healthcare professionals' colleges and associations should encourage physicians, nurse practitioners and nurses to prescribe and/or dispense naloxone including as a co-prescription to people who are receiving opioids and may be at risk for an overdose

2. Increase Access to Naloxone Through Changes in Policy

- Health Canada should change naloxone to a non-prescription medication to increase access to naloxone for the public, family and friends of people at risk of overdose and non-medical staff working in community settings where overdoses occur
- College of Pharmacists of BC and the BC government should act quickly to change drug scheduling, to provide the least barriers to access naloxone while ensuring proper consumer education, when there are changes in federal scheduling or changes in available formulations
- BC Ministry of Health should expedite providing coverage for naloxone under BC's PharmaCare
- Municipal fire departments should sign consent agreements with BC Emergency Health Services to allow their firefighters to receive training and approval to administer naloxone when responding to an overdose-related call
- Law enforcement agencies should review current policies to ensure the best and most rapid medical response to an opioid overdose.
- Encourage pharmaceutical manufacturers to submit applications for the use of intranasal (IN) naloxone to Health Canada (IN administration is more acceptable to responders who do not inject drugs and is used by many US law enforcement agencies)
- Health Canada should expedite the approval process for any naloxone-related applications

3. Improve Overdose Prevention Education, Training and Services

Health care and allied health professionals as well as provincial and regional organizations with mandates to promote public health and safety should work together to:

- Provide training for staff to have trauma-informed[3] discussions with individuals with known current or recent substance use problems about how to prevent, recognize and respond to overdoses
- Encourage health care and social service providers to work from a trauma-informed[vii] lens to strengthen client-provider relationship and foster open dialogues around substance use
- Increase physician awareness of best practices for opioid prescribing and encourage physicians to carefully review patients' medical and medication histories and consider relationship with the patient when prescribing opioids.[viii] For example:
    - Opioid-naïve patients (i.e. who have not been prescribed opioids before) should be prescribed a lower dose or a short course of opioids
    - Avoid co-prescribing opioids with benzodiazepines or other sedating medications
    - Patients receiving continuous/ongoing prescriptions of opioids should not have their prescriptions suddenly stopped or have their dose of prescription opioids abruptly reduced as this may result in

[3] Trauma is defined as "experiences that overwhelm an individual's capacity to cope". Trauma informed services work at the client, staff, agency, and system levels from the core principles of: trauma awareness; safety; trustworthiness; choice and collaboration; and building of skills and strengths. Additional details can be found in the Trauma Informed Practice Guide endorsed by the BC Ministry of Health and the BC Mental Health Substance Use Services.

patients managing withdrawal and pain symptoms through illicit means. Suspicions of diverted medications or addiction should be confirmed through a candid conversation with the patient, random pill counts/urine drug testing and daily dispensing/witnessed ingestion. Options for withdrawal management and opioid substitution treatment should be discussed with the patient.

- Establish a professional practice standard requiring the prescriber to review PharmaNet before prescribing opioids (or benzodiazepines and stimulant) medications
- Inform/train staff on overdose prevention, recognition and response strategies
- Provide training to laypersons, patients and their social network that is trauma-informed and teaches them how to recognize and respond to overdoses
- Raise awareness about overdose symptoms and response in different affected populations by placing relevant messages in:
    - Areas with high visibility (public transit vehicles & shelters)
    - Areas where people are likely to use drugs (public washrooms, clubs, etc.)
    - Targeted outreach to at-risk groups
- Provide evidence-informed, fact-based education to younger adults about overdose prevention, recognition and response (including calling 911 immediately) through schools and post-secondary institutions
- Include overdose prevention, recognition and response training as part of standard first aid training
- Require BC Housing and all Health Authorities who contract with supportive housing non-profits to have an opioid overdose policy including, but not limited to naloxone.
- Expand access to supervised consumption services in regions of BC where overdose deaths are a public health concern[vi]
- Work with the federal government to facilitate approvals for new supervised consumption services in BC
- Expand access to evidence-based withdrawal management and substance use support services, including opioid substitution therapy which reduces opioid overdose risk by almost 90%[ix]

4. Enhance Surveillance and Utilization of Overdose Data

Provincial and regional organizations with mandates to promote public health and safety should take leadership and provide resources to:

- Increase the timely collection, analysis, and dissemination of data on drug overdose events in collaboration with regional and provincial partners
- Improve data sharing between law enforcement, public health, researchers, coroners service, drug analysis and toxicology labs to improve response plans and early warning to reduce harms
- Improve the format of surveillance and alert data disseminated to the partners
- Review the evidence for making overdoses a reportable condition to allow follow-up by public health agencies and improve the quality of data collected
- Support increased communication about unexpected/unusual drug-related events within and between government agencies and with the general public
- Conduct a review of overdose deaths to inform recommendations to prevent and reduce harms
- Develop system for community-level reporting of unexpected/unusual drug-related events as an early warning system e.g. developing an online tool

- Improve access to drug checking (testing) capacity in communities to increase accuracy of real-time surveillance as issues arise

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About Us:
The BC Drug Overdose and Alert Partnership (DOAP) is a multi-sectoral committee that was established to prevent and reduce the harms associated with substance use. The group identifies and disseminates timely information about harms related to substance use including overdose, adverse reactions to contaminated products, and other emerging issues. DOAP is chaired by the Harm Reduction Lead at the BC Centre for Disease Control. Member agencies include:

- Provincial Health Service Authority agencies:
    - BC Centre for Disease Control
    - BC Emergency Health Services
    - BC Drug and Poison Information Centre
    - BC Provincial Toxicology Centre
- BC Centre for Excellence HIV/AIDS - Urban Health Research Institute
- BC Coroners Service
- BC Regional Health Authorities
    - Fraser Health
    - Interior Health
    - Northern Health
    - Vancouver Coastal Health
    - Island Health
- BC Ministry of Health
- Centre for Addictions Research of BC, University of Victoria
- First Nations Health Authority
- Health Canada Drug Analysis Service
- Various law enforcement agencies in BC
- Vancouver Area Network of Drug Users

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