Opioid Overdose Deaths
Update on Vancouver Coastal Health and Providence Health Care response to the Public Health Emergency

Dr. Réka Gustafson
Medical Health Officer and Medical Director of Communicable Disease Control
Public Health Emergency

• Declared on April 14 by Dr. Perry Kendall (PHO)

• First declaration of a provincial public health emergency under the BC Public Health Act

Goal

Coordinated, real-time, multi-agency response
Illicit Drug Deaths (BC)

Illicit Drug Overdose Deaths and Death Rate per 100,000 Population, British Columbia

- Deaths
- Rate per 100,000 Pop.
Percentage of Illicit Drug Deaths in Which Fentanyl Detected, 2012-2016*

Source: BC Office of the Chief Coroner

*Data to April 30th, 2016
Harm Reduction

Vulnerable, complex chronic use

Occasional use

Priority Action Areas

Prevention

Addiction Treatment

Harm Reduction

Public communications strategy, tailored to each target population

DTES Low Barrier Addiction Rapid Access & Treatment

Improved clinical protocols for access to opioid replacement therapy

Supervised injection sites

Naloxone

Enhanced Monitoring & Analysis
Number of ER visits related to overdose* by substance type and epidemiological week. Vancouver Coastal Health, 2015/2016 compared to historical average and 95% confidence limits†

Source: Emergency Department Visits from CareCast System (Richmond Hospital, UBC Hospital, Vancouver General Hospital), Eclipsys System (Mount Saint Joseph Hospital, St. Paul's Hospital) and McKesson System (Lions Gate Hospital, Pemberton Health Centre, Squamish General Hospital, Whistler Health Care Centre).
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit.
Next Steps

• Detailed analysis of missed opportunities for prevention
  – When, where and how did we as a health care system interact with individuals in the six months prior to a serious overdose or overdose death?
  – How can we change that interaction to prevent an overdose in the future
    Timeline: Started this week

• RADAR: develop a system for people who use substances to report real-time overdoses and contaminated substance data
  • Both monitoring and prevention
    Timeline: End of Summer 2016
Prevention

• Provincial Awareness Campaign
  – **Timeline**: Implemented in 2015

• Pilot of Fentanyl testing
  – Pre/post injection, and urine testing
    – **Timeline**: Pilot launch in the Summer of 2016
Addictions Treatment

Substance Use Treatment and Response Team (START) – Home based Suboxone inductions and monitoring.
   – **Timeline:** Launched; currently ramping up capacity

St. Paul’s Rapid Access Clinic: immediate assessment and linkage to treatment of substance dependant patients in ER
   – **Timeline:** Program launched June 2016

Vancouver Low Barrier Addictions Clinic (Connections Clinic)
   – **Timeline:** Planning to open on November 2016

Next steps: Continue to develop protocols to streamline access to treatment from all health care settings
Expanded Access to Take Home Naloxone at VCH/PHC Sites

Expanded provision of Take Home Naloxone Kits across all VHC/PHC sites

- **Timeline:** Ongoing; currently 54 sites and an increase of 7 sites since May and counting

Eg: All 13 Emergency Departments across VCH/PHC to provide Take Home Naloxone

- **Timeline:**
  - **Complete:** St. Paul’s, Lions Gate, BC Children’s
  - **Implementation in progress:** VGH, Sechelt, Richmond, Squamish, Whistler, Pemberton, Powell River
  - **Initial engagement complete:** Mt. St. Joseph, UBC, Bella Bella

  - All 13 EDs by September 2013
Expand Capacity for Naloxone First Aid

Supportive Housing: frontline housing staff trained to recognize and respond to opioid overdoses by administering naloxone under medical delegation.

Lookout Emergency AID Society; ~200 staff trained and delegated across 17 sites in VCH

—Timeline: April 2016

Engage BC Housing for further expansion of Naloxone first aid in housing settings

—Timeline: July 2016
Expand Supervised Injection Services

- Embed SIS in key service locations as a standard of practice in VCH and PHC

- Focus on sites already providing services to individuals with addictions

- Actively assessing feasibility and planning implementation at five sites, including an acute care hospital, community health services, and community drop in centres

   - **Timeline:** Target implementation for January, 2017

- Policy framework: While Bill C-2 remains, Health Canada is now working closely with applications to facilitate applications
Summary

• Public Health Emergency requiring real-time response

• The responders:
  – The community
  – Health Authorities
  – The City of Vancouver (eg: $1 million approved unanimously for St. Paul’s Hub)
  – BC Coroner’s Service
  – First Responders
  – Provincial Government
  – Federal Government
  – All health professionals

We’re all in this together