



VCH Overdose Surveillance Updates January 14, 2024 - January 20, 2024 (Week 3)

Note: Caution is warranted when interpreting this week's report as data is missing or incomplete from the following site(s): CPDDW, Sechelt, Squamish, PSG, and VANDU OPS.

Since 2011, after a spike of heroin-related deaths was reported in the Vancouver region, Vancouver Coastal Health Authority (VCH) started weekly monitoring of overdoses at emergency departments (ED) and Insite, Vancouver's supervised injection site to support local and provincial harm reduction activities.

On April 14, 2016, BC's Provincial Health Officer, Dr. Perry Kendall declared a public health emergency under the Public Health Act due to a significant increase in drug-related overdoses and deaths in British Columbia. In response to the declaration, a series of harm reduction activities were implemented in the VCH region, including the deployment of the Mobile Medical Unit (MMU), creation of Overdose Prevention Sites (OPSs) and Downtown Eastside Connections (Connections) in highly affected areas. Enhanced epidemiology and surveillance programs were implemented at VCH to monitor and evaluate the additional harm reduction interventions including the development of additional surveillance programs for the MMU, OPSs and Connections.

This update summarizes overdose visits in 10 EDs within the VCH region (including all urban EDs and 4 rural EDs), injections resulting in an overdose at Insite, and overdose events at the OPSs. MMU services have been transitioned to community and permanent sites. Overdoses are being transported to EDs, and Community Clinics.

Please note these numbers only reflect the suspected overdoses identified by the surveillance systems and may not represent the actual overdoses in each site. All data are considered preliminary and may change as more data are received.

| If you have any technical comments and queries please forward them to Public Health Surveillance Unit (phsu@vch.ca). |
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Synopsis:

ED Volumes (Figure 1)

- 138 overdoses involving non-medical drugs/unknown substances were identified by the surveillance system in Week 3.
- Compared to historical data, the number of overdoses was above the historical average but below the upper band of 95% confidence limits.
- Compared to the previous week, the combined overdoses at ED increased.

Insite & OPS Volumes (Figure 2)

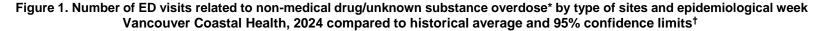
- 29 overdose events were recorded at Insite and OPSs in Week 3.
- Among the 29 events, 14 (48%) presented at Insite and 15 (52%) presented at an OPS.
- Compared to historical data, the number of overdoses was slightly above the historical average but below the upper band of 95% confidence limits.
- Compared to the previous week, the combined overdoses at Insite and OPSs increased.

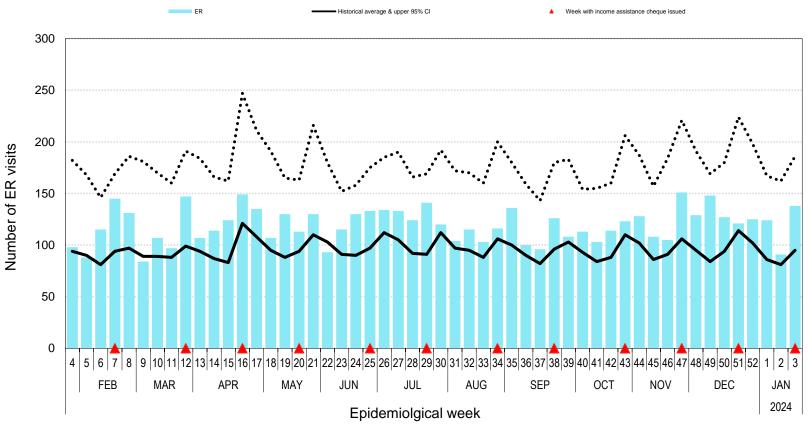
ER Overdose Rate (Figure 3)

- The rate of overdoses involving non-medical drugs/unknown substances was above the historical average and slightly above the upper band of 95% confidence limits in Week 3.
- Compared to the previous week, the rate of overdoses increased.

Insite Overdose Rate (Figure 4)

- The rate of overdose events among those using injection rooms was above the historical average and above the upper band of 95% confidence limits in Week 3.
- Compared to the previous week, the rate of overdoses increased.



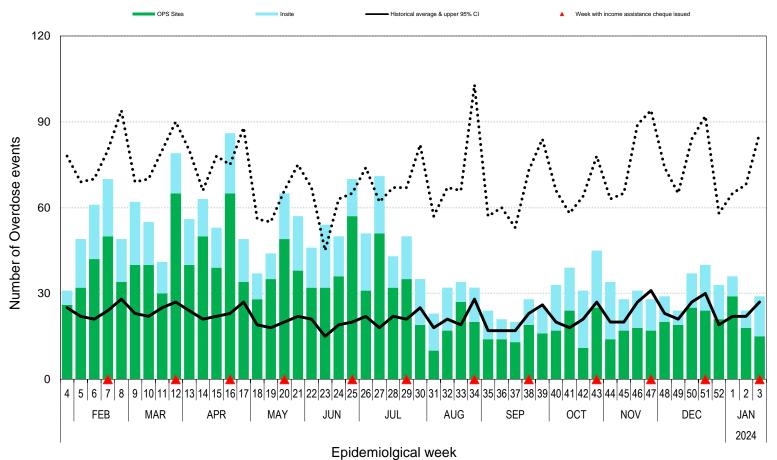


^{*}Overdose related visits are monitored through ICD-9/10 codes and keywords search where the substance-specific terms are indicated in presenting complaint, discharge diagnosis, nature of injury and mechanism of injury. †Includes data since 2008.

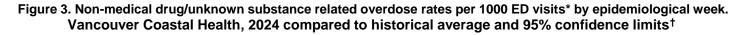
Source: PHSU Emergency Department Visits Database from CareCast System (Richmond Hospital, UBC Hospital), and CST (Mount Saint Joseph Hospital, St. Paul's Hospital, Lions Gate Hospital, Pemberton Health Centre, Squamish General Hospital, Whistler Health Care Centre, Vancouver General Hospital, Sechelt Hospital) Overdose Visiting Dataset.

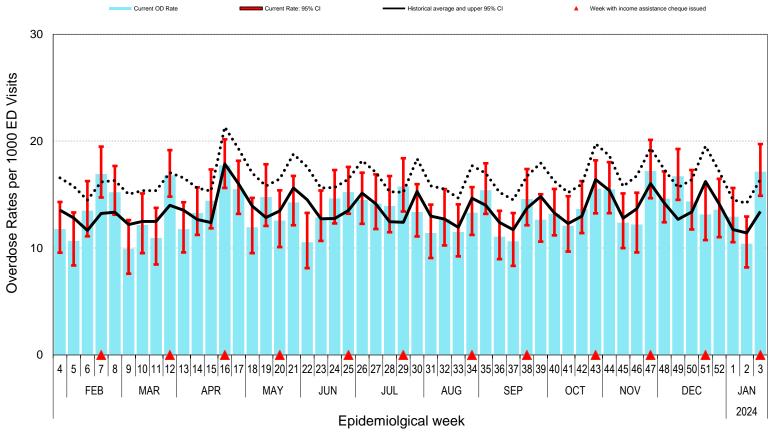
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit.

Figure 2. Number of overdose events at Insite and overdose prevention sites* by epidemiological week. Vancouver Coastal Health, 2024 compared to historical average and 95% confidence limits†



Source: Insite, Vancouver Coastal Health, HIV/AIDS & Harm Reduction Programs and VCH OPS Program. Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit.

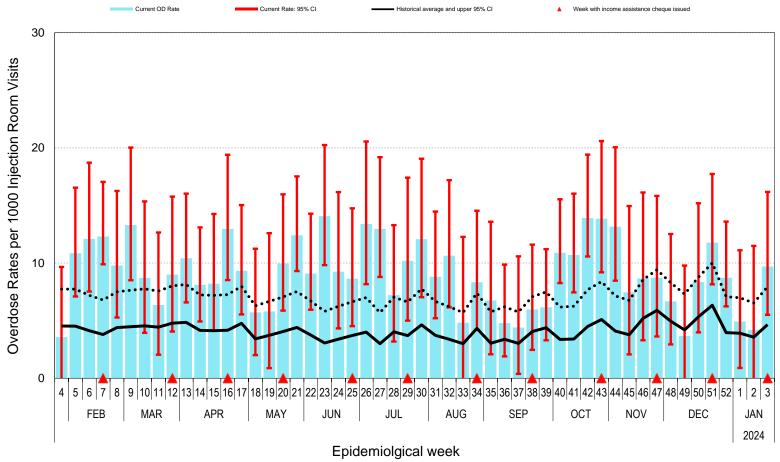




^{*}Overdose related visits are monitored through ICD-9/10 codes and keywords search where the substance-specific terms are indicated in presenting complaint, discharge diagnosis, nature of injury and mechanism of injury. †Includes data since 2008.

Source: PHSU Emergency Department Visits Database from CareCast System (Richmond Hospital, UBC Hospital), and CST (Mount Saint Joseph Hospital, St. Paul's Hospital, Lions Gate Hospital, Pemberton Health Centre, Squamish General Hospital, St. Paul's Hospital, St. Paul's Hospital, Lions Gate Hospital, Pemberton Health Centre, Squamish General Hospital, St. Paul's Hospital, St. Paul's Hospital, Lions Gate Hospital, Pemberton Health Centre, Squamish General Hospital, St. Paul's Hospital, Lions Gate Hospital, Pemberton Health Centre, Squamish General Hospital, St. Paul's Hospital, Lions Gate Hospital, Pemberton Health Centre, Squamish General Hospital, St. Paul's Hospital, Lions Gate Hospital, Pemberton Health Centre, Squamish General Hospital, St. Paul's Hospital, Lions Gate Hospital, Pemberton Health Centre, Squamish General Hospital, St. Paul's Hospital, St. Paul's Hospital, Pemberton Health Centre, Squamish General Hospital, St. Paul's Hospital, St. Paul's Hospital, Pemberton Health Centre, Squamish General Hospital, St. Paul's Hospital, St. Pa

Figure 4. Overdose rates per 1000 Injection Room visits at Insite* by epidemiological week. Vancouver Coastal Health, 2024 compared to historical average and 95% confidence limits†



*Supervised injection site. †Historical data includes data since 2005. Data source: Insite, Vancouver Coastal Health, HIV/AIDS & Harm Reduction Programs. Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit.