

The Drug-Toxicity Public Health Emergency in British Columbia

Select Standing Committee on Health

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ACKNOWLEDGING WITH GRATITUDE

THE LEKWUNGEN PEOPLES TRADITIONAL KEEPERS OF THIS LAND

Today, Lekwungen refers to the Songhees and Esquimalt First Nations Communities and their descendants

Hay'sxw'qa Si'em (thank you respected)



Where ideas work



Where We've Been

Provincial Health Officer declared a Public Health Emergency under the *Public Health Act* in April 2016 in response to an unprecedented increase in drugtoxicity-related harms



Building a Knowledge Base

- Provincial Health Officer issued orders compelling information reporting and linking of databases across government to better understand the nature of the emergency
- BC Centre on Substance Use Research established in 2017 to conduct research, develop training, and produce guidance
- Engaging people with lived/living experience of problematic substance use to understand needs and barriers to care

The Best Place on Earth

What We Learned

- Nearly everyone across the province has been affected by the emergency. Priority populations:
 - Marginalized due to poverty, lack of housing, mental illness
 - Indigenous Peoples
 - Young- to middle-aged men living alone, often working in trades
 - Young experimenters
 - Those initiated on prescribed opioids, augmenting from street supply

The Best Place on Earth

First Nations Disproportionately Harmed

RATE OF TOXIC DRUG POISONING DEATH

5.4x

First Nations people died at 5.4 times the rate of other BC residents in 2021. This number was 5.3 in 2020

9.8x

First Nations women died at 9.8 times the rate of other female BC residents in 2021

First Nations men died at 4.2 times the rate of other male BC residents in 2021

Source: First Nations Health. (2021), First Nations and the Toxic Drug Crisis in BC.

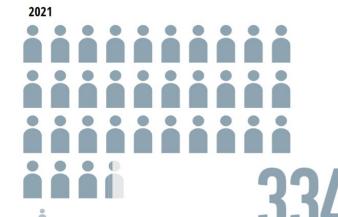
TOXIC DRUG POISONING DEATHS

NUMBER OF PEOPLE WHO DIED OF TOXIC DRUG POISONING

25.6%

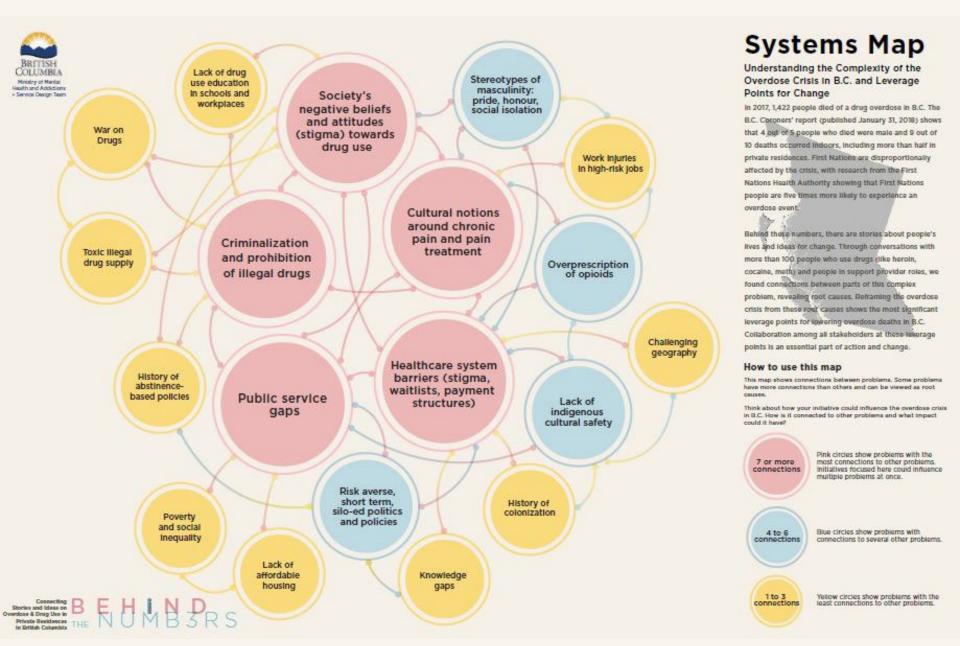


increase in toxic drug deaths compared to the same period in 2020.





A Highly Complex Problem



Increasingly Toxic Drug Supply

Fentanyl and analogues; were relevant to over 8 in 10 illicit drug toxicity deaths in 2020, followed by methamphetamine

‡Fentanyl increases the risk of overdose due to the variable potency within the illicit drug supply

Source: BC Coroners Service.

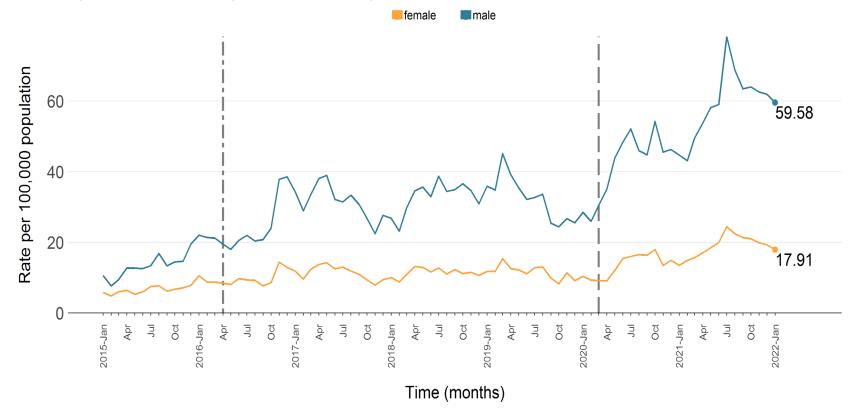
Benzodiazepines are increasingly being detected in the drug supply, which can increase the risk of overdose

Increased number of high fentanyl concentrations in toxicology reports



Paramedic-Attended Overdose Events

Paramedic-Attended Overdose Event Rate in British Columbia by sex, from January 2015 to January 2022



Source: BC Emergency Health Services.



Changing Patterns of Use

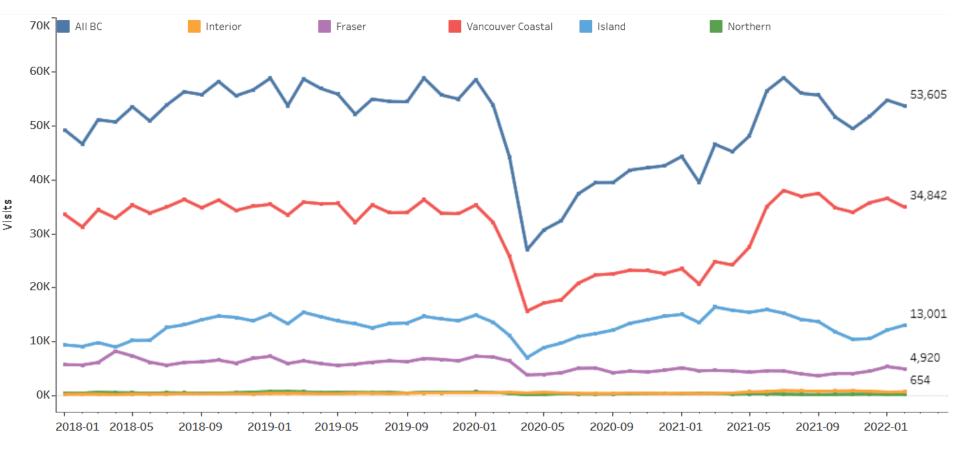
	2018	2019	2021
Prefer smoking substances	52%	63%	64%
Prefer injecting substances	34%	28%	14%
Prefer snorting substances	6%	4%	4%
Depends on substance/desired effect	-	-	8%

	2018	2019	2020
Fentanyl use in prior 3 days	39%	46%	54%
Fentanyl use via smoking	59%	67%	78%
Fentanyl use via injecting	52%	48%	36%

Source: BC Centre for Disease Control. Harm Reduction Client Survey 2021 Findings.



Fewer Visits to SCS/OPS Sites



Source: BC Centre for Disease Control. Overdose Response Indicators.



Where We Are Now

Prohibition

Federal drug policy continues to be a barrier to service use and connection.

Toxic Drug Supply

Extreme fentanyl concentrations, carfentanil, and benzodiazepines in drug supply.

COVID-19

Supply chain disruptions, economic vulnerability, and physical distancing.

Changing Consumption

Inhalation and increasing multi-substance use.

Pain

Self-medication due to health system inadequacies in addressing pain.

Stigma

Criminalization and social attitudes contributing to social isolation.

Racism

Health system racism, lack of culturally appropriate services, and colonialism.

Social Determinants of Health

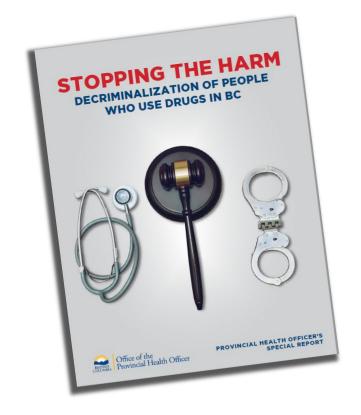
Need to focus on upstream preventative approaches, address poverty and housing.

Lack of Access to Services

Need for an evidence-based treatment and recovery system.

What We Can Do

- Scale up response to be commensurate with the size of the problem
- Decriminalization of People Who Use Drugs
- PharmaceuticalAlternatives to theUnregulated Drug Supply





Questions?

