# **The urgent and ongoing illicit drug toxicity and overdose crisis**. Presentation to the Select Standing Committee on Health

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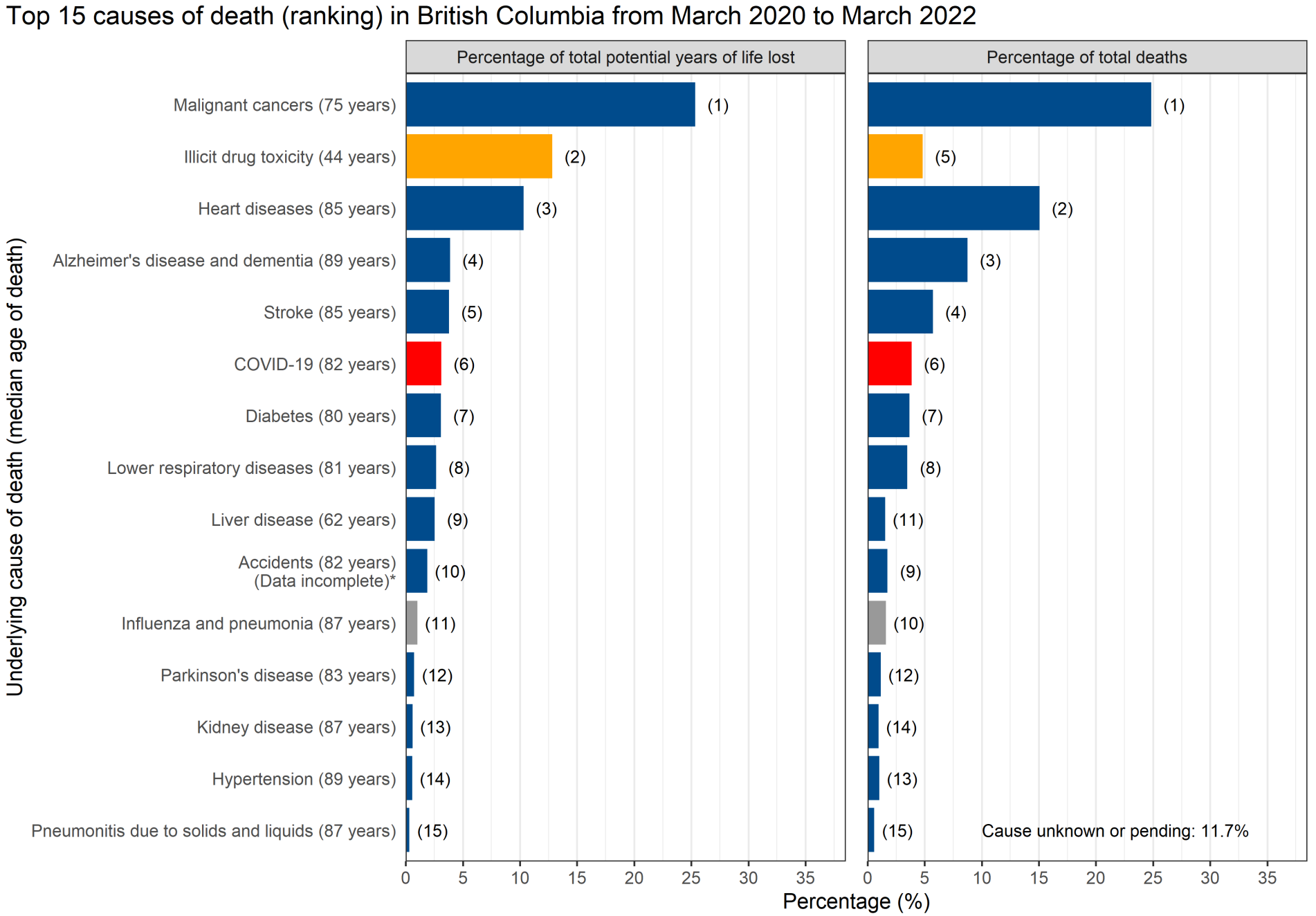
# Land Acknowledgment

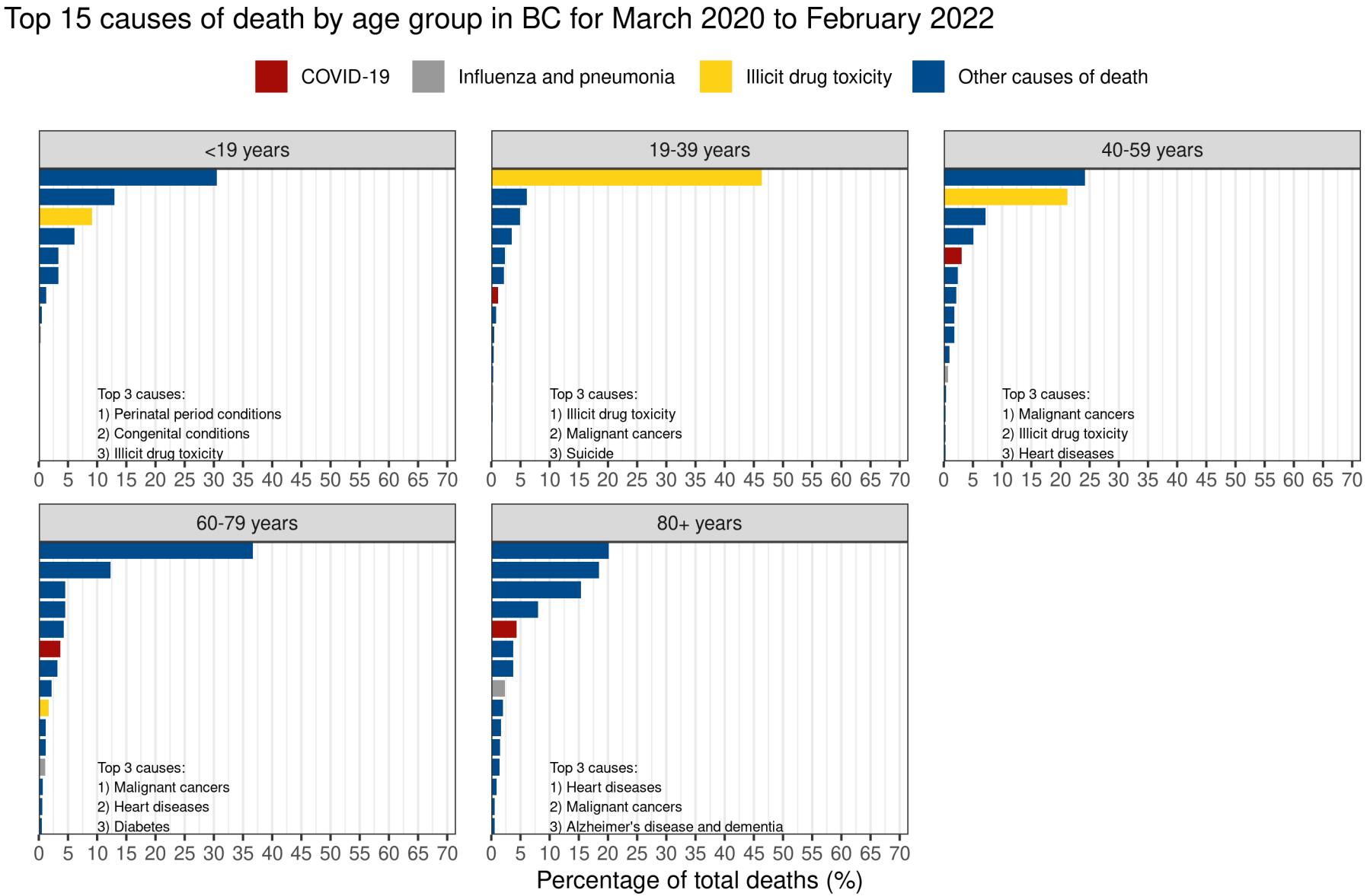
- I would like to acknowledge, with gratitude, that I am joining you today traditional lands of the Lək̓ʷəŋiṅəŋ peoples, known today as the Esquimalt and Songhees Nations as well as the Victoria Métis chartered community.

# Overdose is the second highest cause of years of potential life lost




*External causes of death (other than illicit drug toxicity) incomplete due to reporting delay and will rise in ranking as data become complete.
Data sources: 1) BC Vital Statistics; 2) Data on illicit drug toxicity deaths provided to BCCDC by BC Coroners Service; 3) Statistics Canada Table 13-10-0114-01 Life expectancy and other elements of the life table, Canada, reference period 2017-2019.

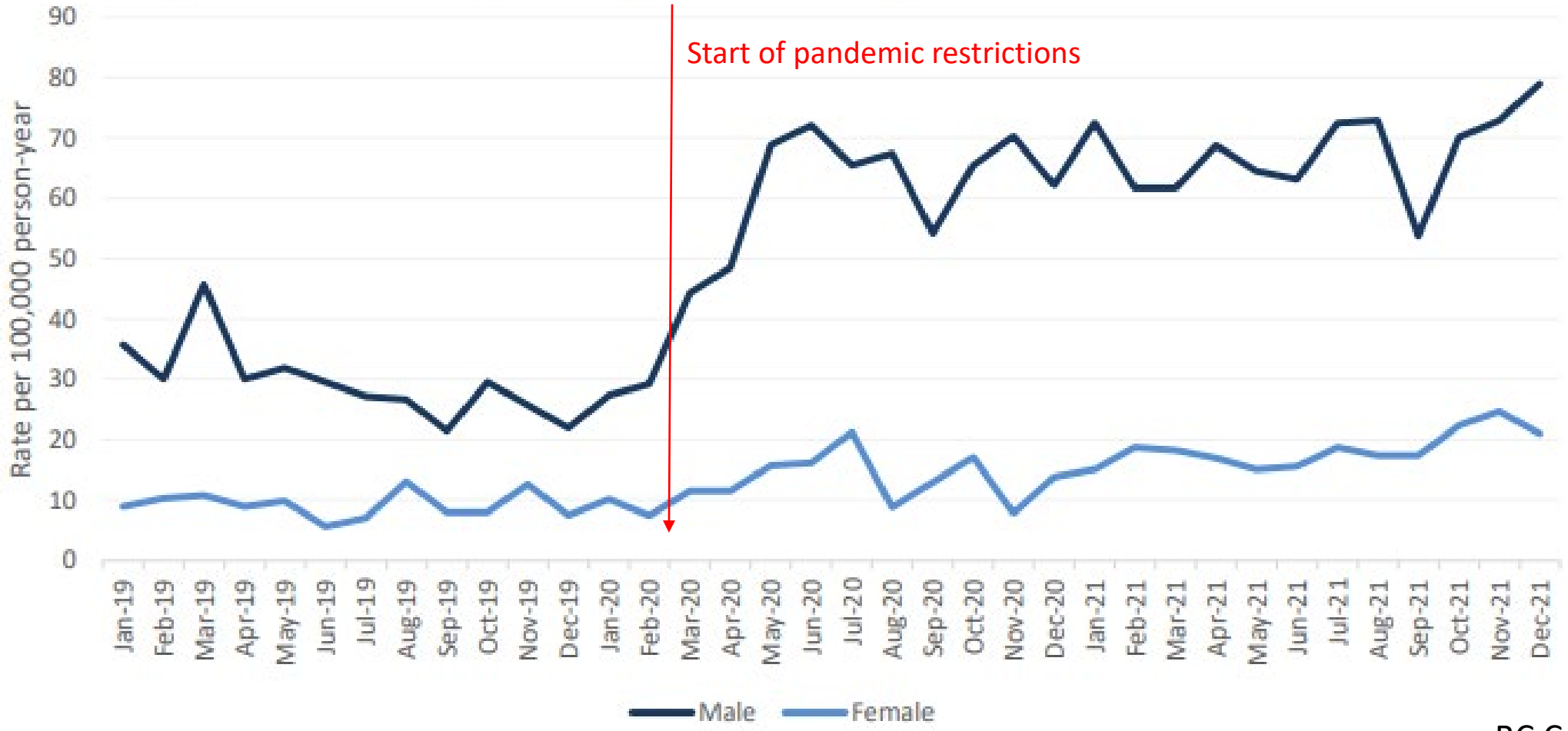
# Overdose is the top cause of death for young adults and the top preventable cause of death for children




Cause unknown or pending: 11.6%. This figure may change as cause of death data become more complete.
Data sources: 1) BC Vital Statistics; 2) Data on illicit drug toxicity deaths provided to BCCDC by BC Coroners Service.

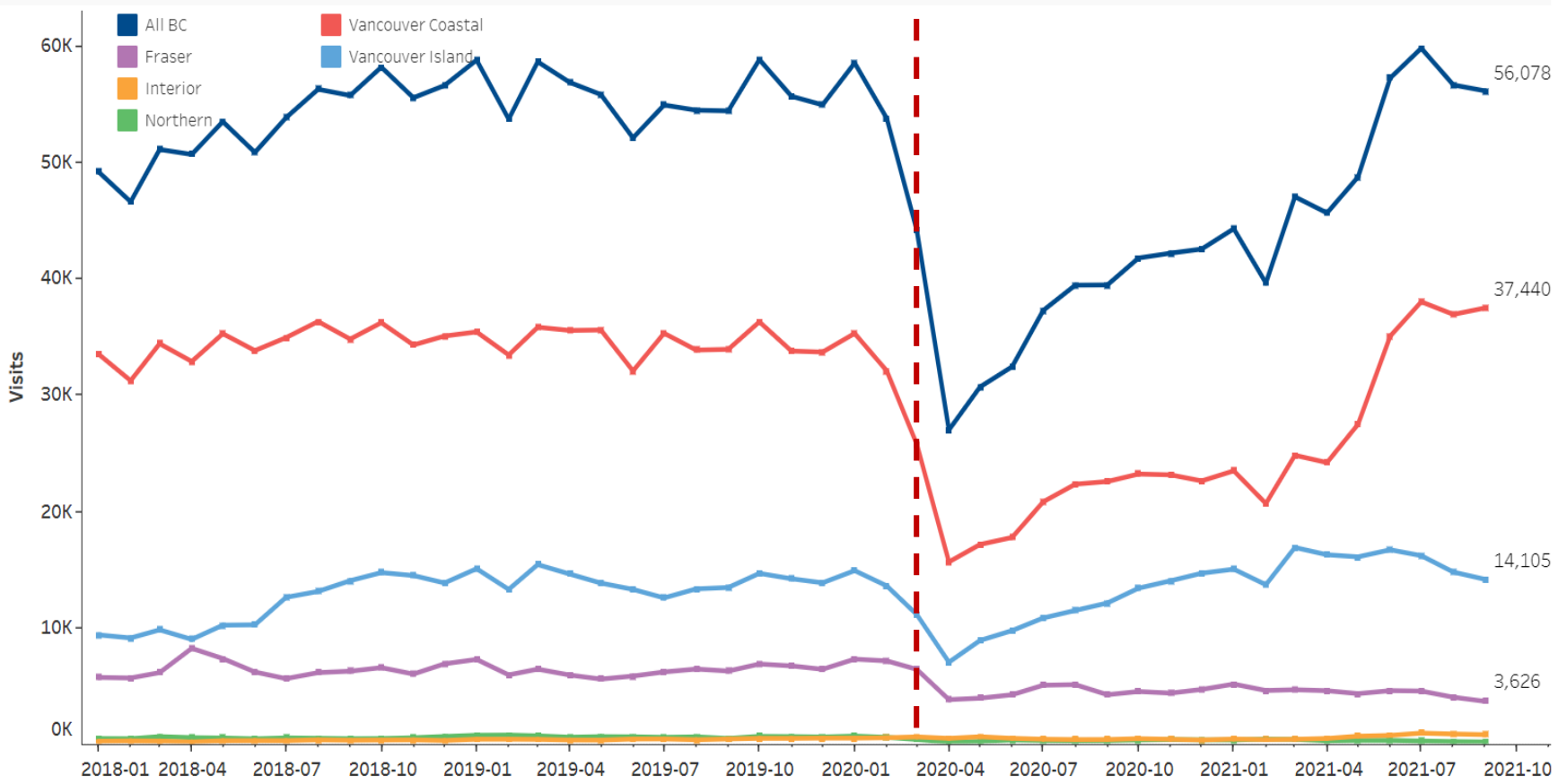
# Implementing public health measures was associated with a sharp increase in illicit drug toxicity deaths

Figure 4: Illicit Drug Toxicity Death Rates by Sex and Month, 2019-2021




BC Coroners Service

# Visits to Overdose Prevention Services & Supervised Consumption Sites fell in March 2020 and then recovered – but deaths continue




To date:
No deaths at OPS/SCS

Sep 2021:

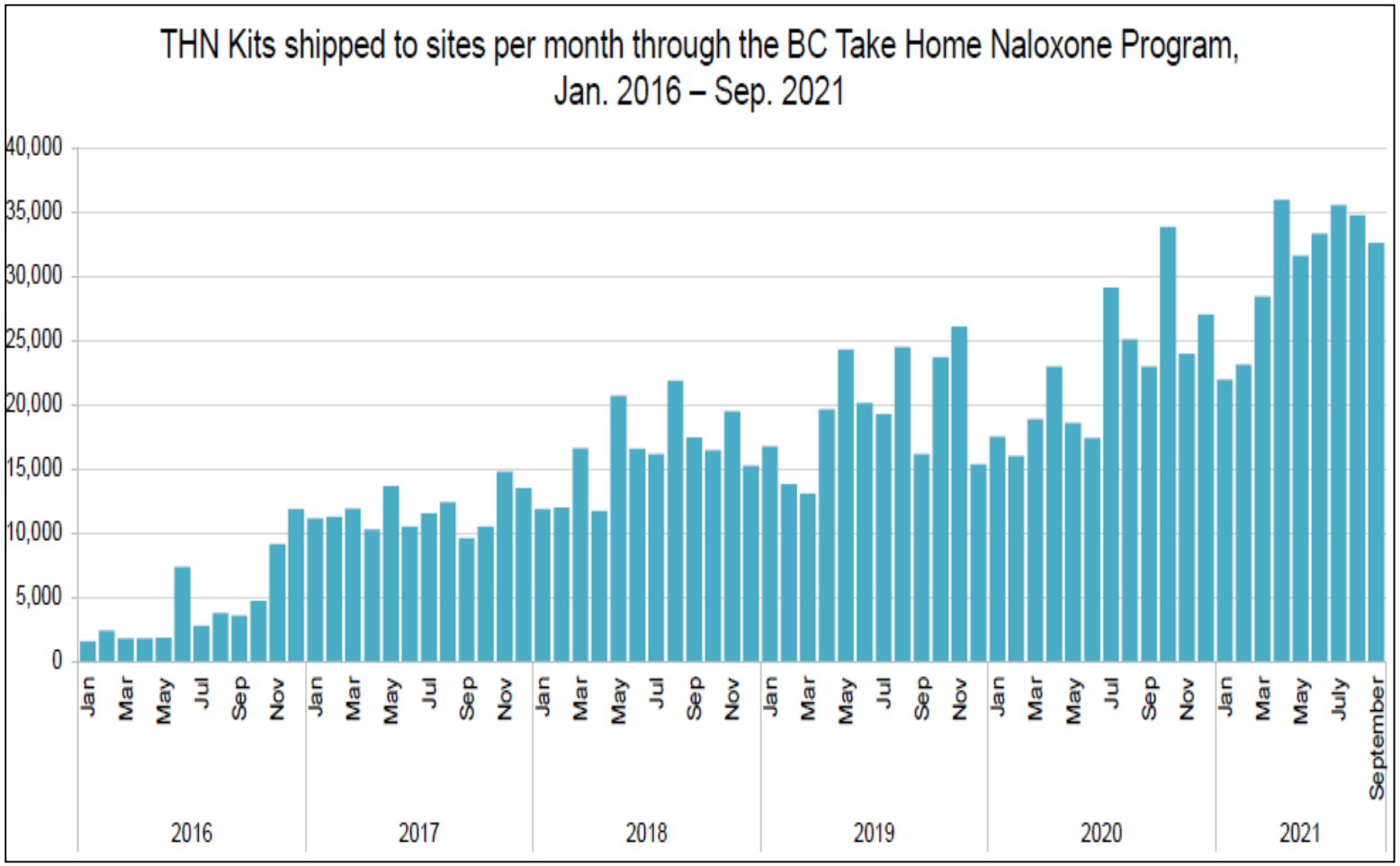
- 426 ODs survived
- About a quarter visits are inhalation

# Take Home Naloxone distribution services continued to increase throughout the pandemic – but deaths continue

**1,906**
ACTIVE THN DISTRIBUTION LOCATIONS IN BC INCLUDING:

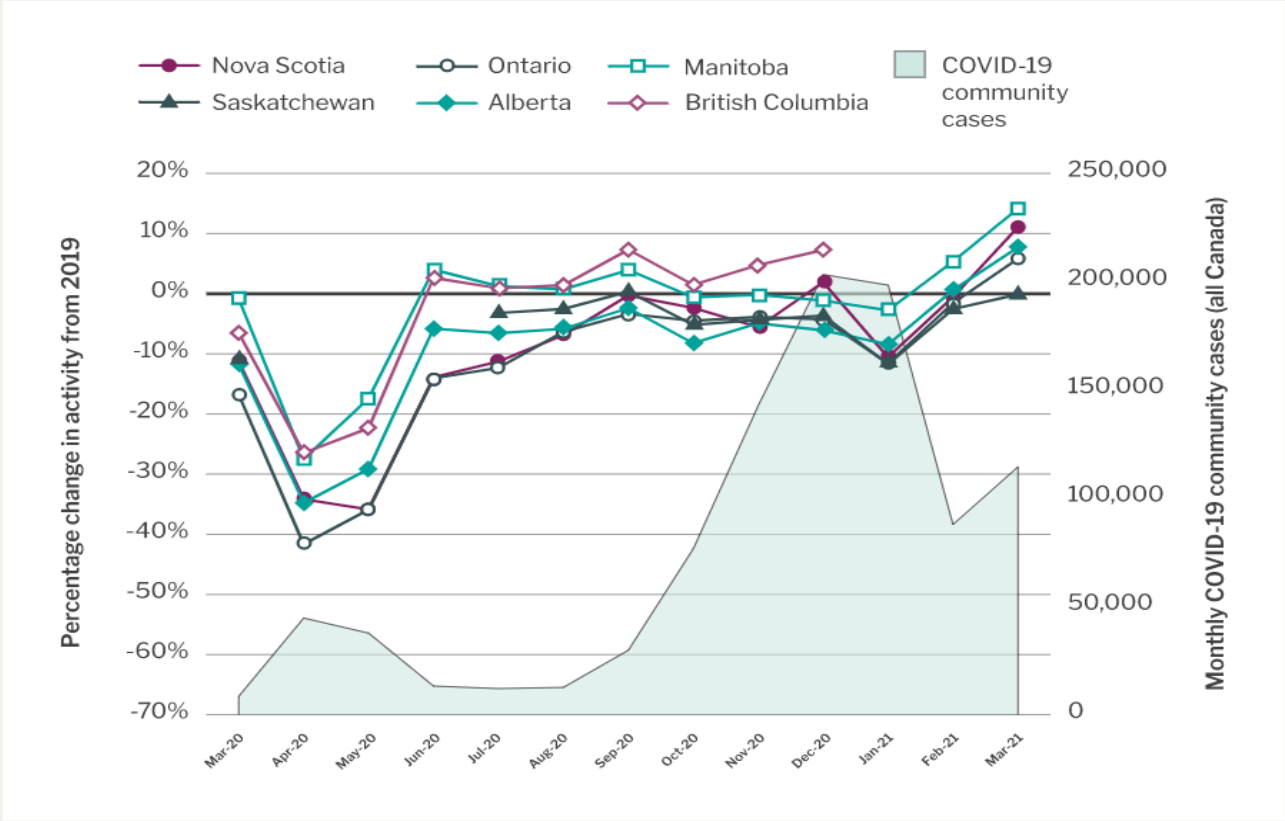
- **21** CORRECTIONS FACILITIES
- **86** HOSPITALS & EMERGENCY DEPTS.
- **765** COMMUNITY PHARMACIES
- **161** FIRST NATION SITES

**113,042** KITS REPORTED AS USED TO REVERSE AN OVERDOSE



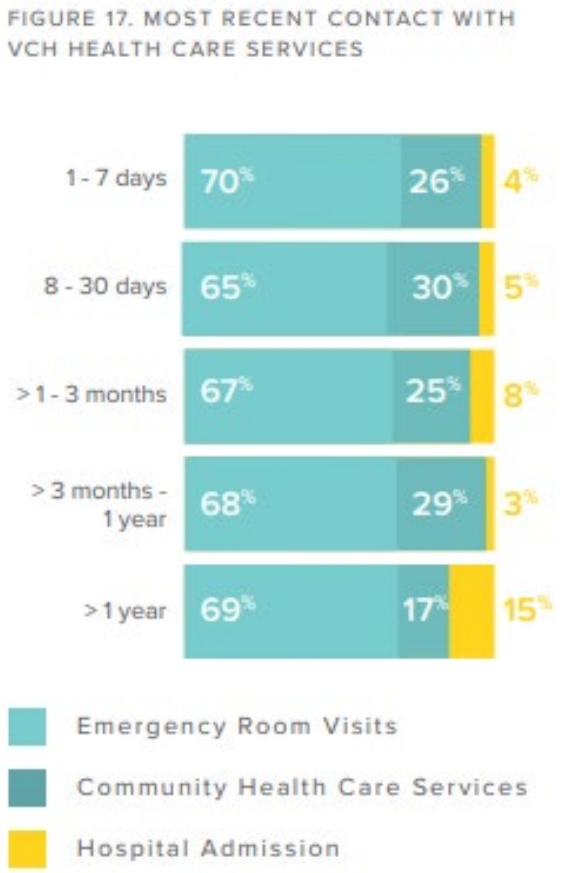
# Visits to health care providers fell in March 2020 and then recovered – but deaths continue

Change in physician activity during the pandemic, by province, March 2020 to March 2021



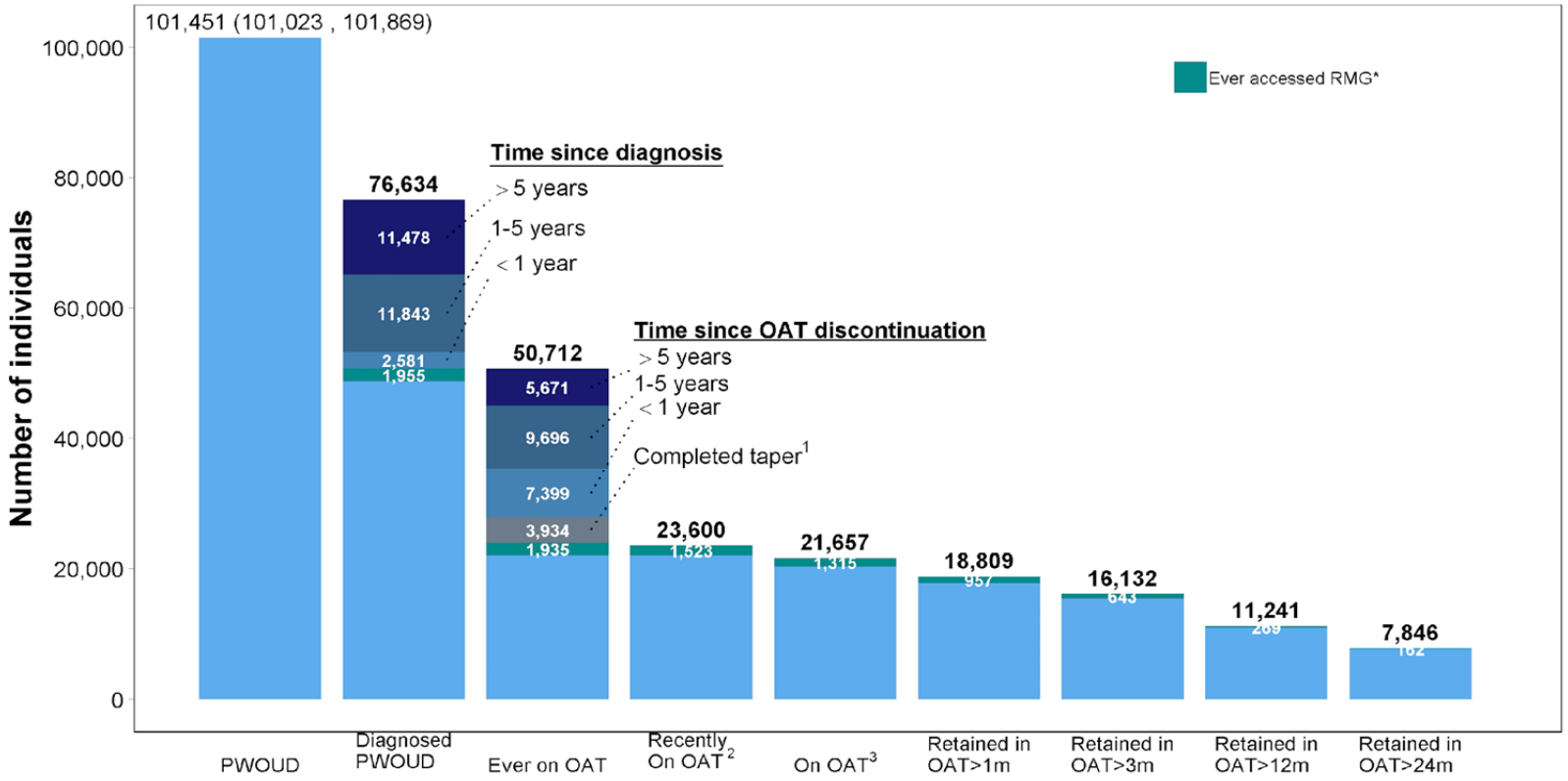
# Contact with the health care system alone is not enough to prevent death

- 72% of people who died in BC from Aug 2017-July 2021 had a visit with a health professional less than 3 months before death
  - 87% within one year of death
- VCH chart review 2017
  - 77% had contact within one year of death
  - Chart review showed substance use known to their healthcare provider
- Substantial improvements can and need to be made **within health care** to prevent death

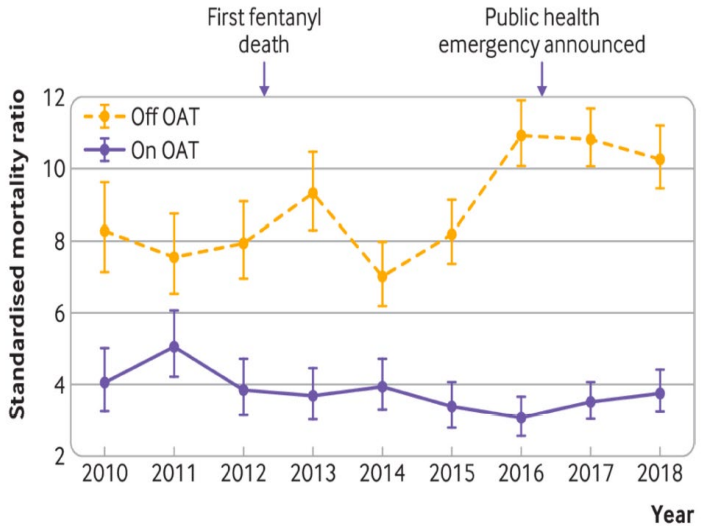



2017 VCH Chart Review

# Opioid Agonist Therapy protects against mortality, even during the pandemic, but only for those who remain on it




| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Percentage | 2.3 | 75.5 | 66.2 | 46.5 | 42.7 | 86.8 | 85.8 | 69.7 | 69.8 |
| Numerator | 101,451 | 76,634 | 50,712 | 23,600 | 21,657 | 18,809 | 16,132 | 11,241 | 7,846 |
| Denominator | 4,502,719 | 101,451 | 76,634 | 50,712 | 50,712 | 21,657 | 18,809 | 16,132 | 11,241 |




Pearce et al. BMJ 2020; 368:m772.

Lack of second line medications, including DAM, for the majority who do not remain on these medications

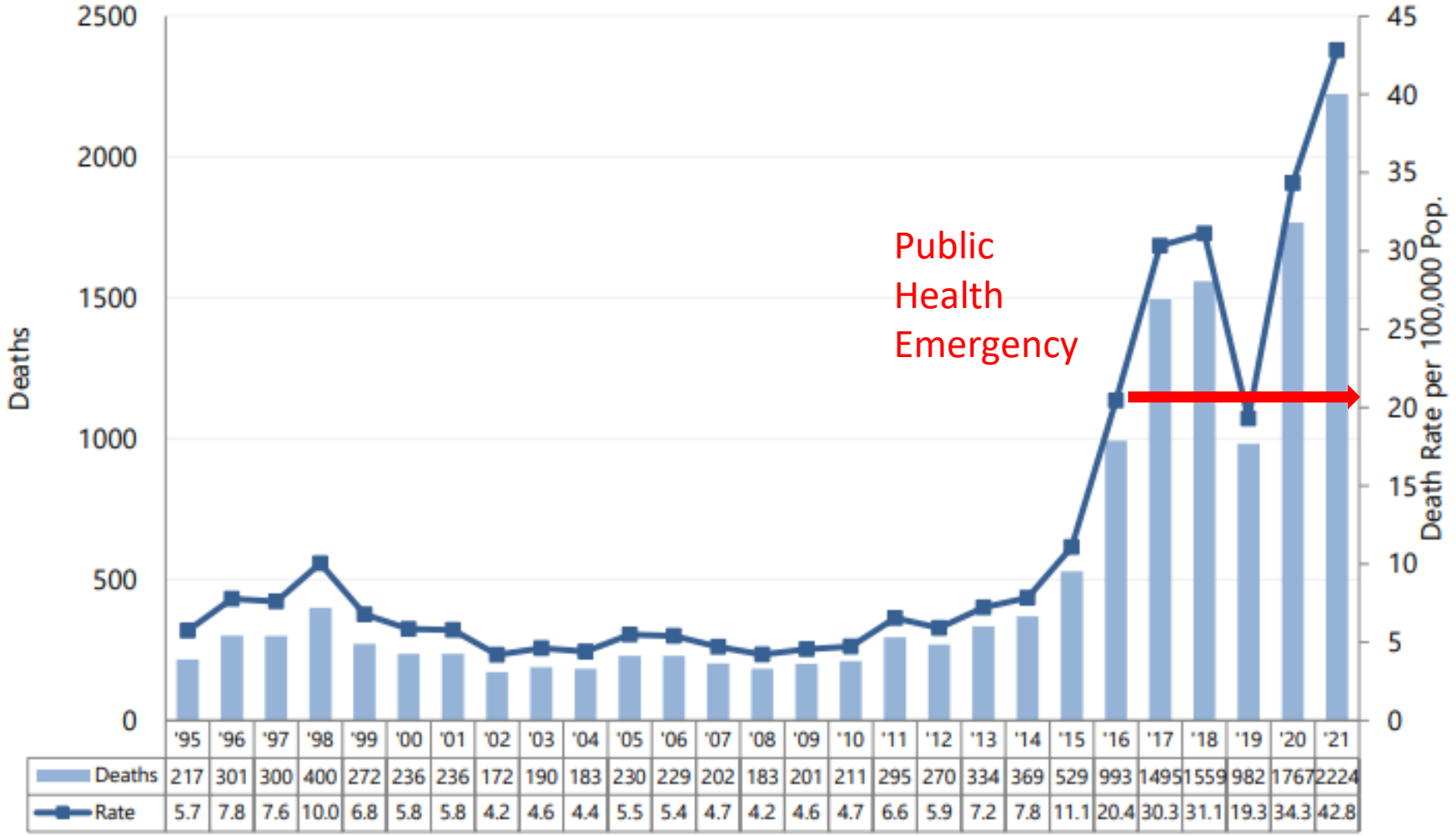
- 12,305 (19.2%) increase in diagnosed (detected) population since Sept 2018

From: towards a comprehensive performance measurement system for opioid use disorder in British Columbia Dr. Bohdan Nosyk

**as of Sep 30, 2020**

# Restarting services has not decreased deaths – instead, they've increased

Figure 1: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population [3,5]




| | '95 | '96 | '97 | '98 | '99 | '00 | '01 | '02 | '03 | '04 | '05 | '06 | '07 | '08 | '09 | '10 | '11 | '12 | '13 | '14 | '15 | '16 | '17 | '18 | '19 | '20 | '21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Deaths | 217 | 301 | 300 | 400 | 272 | 236 | 236 | 172 | 190 | 183 | 230 | 229 | 202 | 183 | 201 | 211 | 295 | 270 | 334 | 369 | 529 | 993 | 1495 | 1559 | 982 | 1767 | 2224 |
| Rate | 5.7 | 7.8 | 7.6 | 10.0 | 6.8 | 5.8 | 5.8 | 4.2 | 4.6 | 4.4 | 5.5 | 5.4 | 4.7 | 4.2 | 4.6 | 4.7 | 6.6 | 5.9 | 7.2 | 7.8 | 11.1 | 20.4 | 30.3 | 31.1 | 19.3 | 34.3 | 42.8 |

# An increasingly dangerous drug supply is driving illicit drug toxicity deaths

Figure 1: Percent of Illicit Drug Deaths with Fentanyl Detected

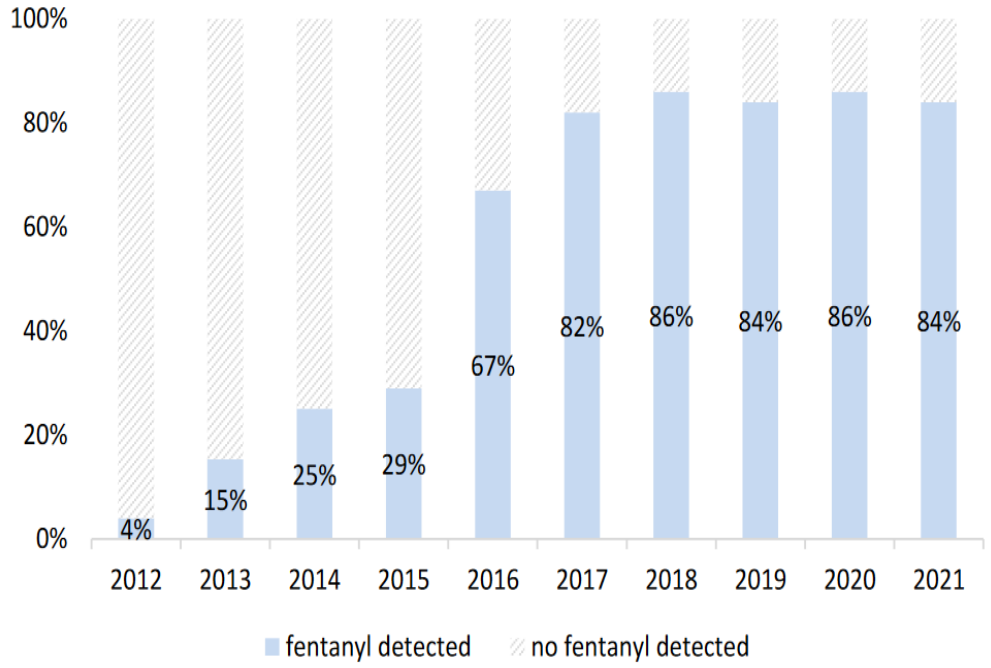
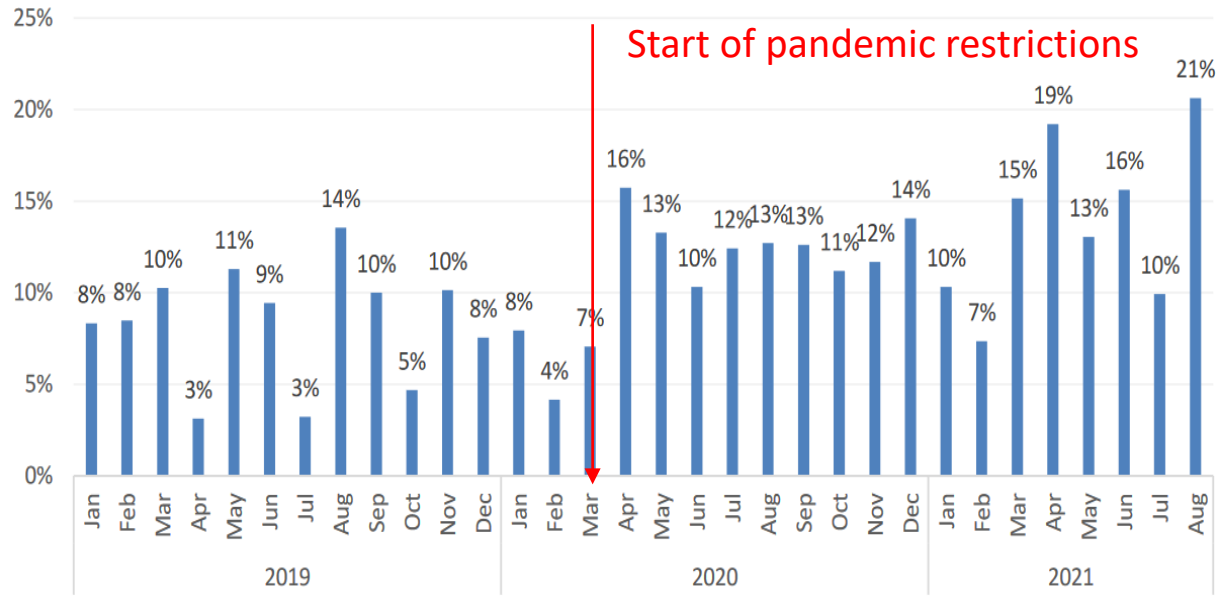



Figure 2: Percent of Fentanyl Detected Illicit Drug Toxicity Deaths with Fentanyl Concentrations >50ug/L




The proportion of samples with extremely high fentanyl concentration increased when public health measures were put in, and did not fall as measures were lifted

# BC Coroner's Recommendations – March/22

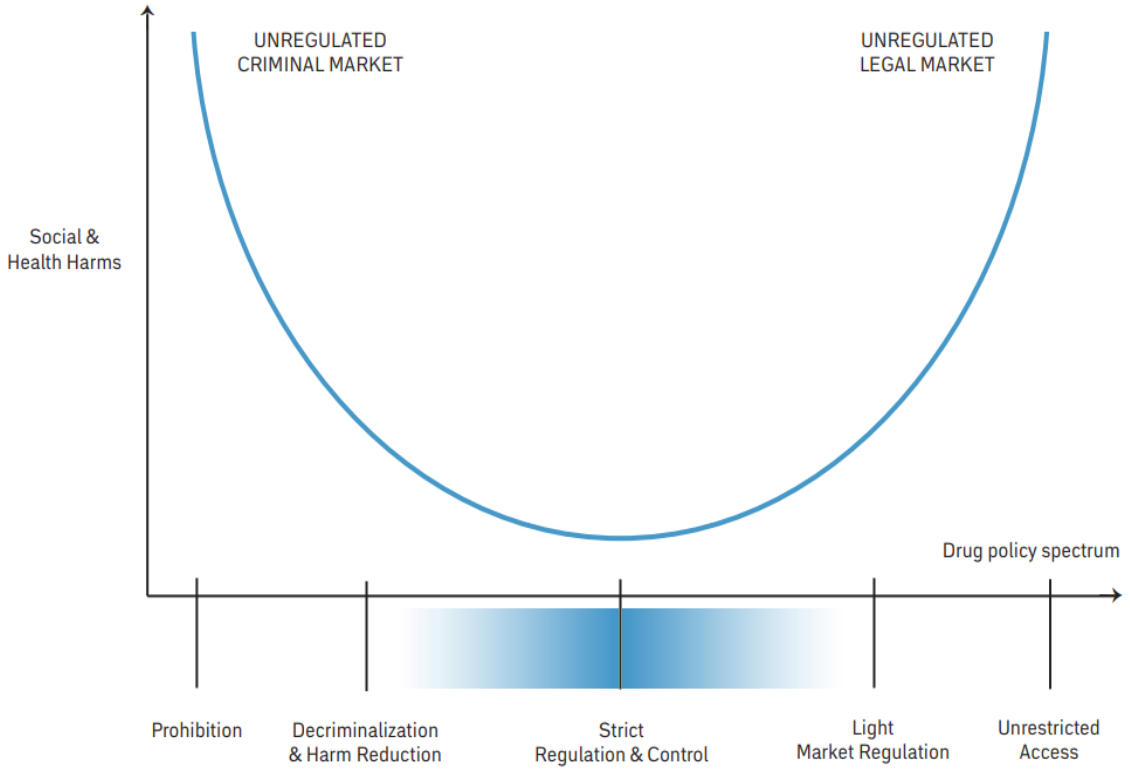
1. Ensure a safer drug supply to those at risk of dying from the toxic illicit drug supply
2. Develop a 30/60/90 day illicit drug toxicity action plan with ongoing monitoring
3. Establish an evidence-based continuum of care

# Prescribed alternatives to illegal drugs are lifesaving for some, but the prescribed model alone will not be effective

- Limitations of models based on one-to-one medical oversight and prescriptions:
  - Cannot scale to meet the need:
    - Most physicians are reluctant to prescribe
    - Frequent physician or nurse practitioner intakes/reassessments required
    - Current **pilot projects** support an insignificant proportion of those at risk of death
  - Limited to medications which are, for many, “poor cousins” to what is available illegally
  - Causing moral distress to many physicians who do prescribe
  - High barrier
    - Misses those who do not access health care or who do not want a record of their substance use
    - Daily pickup at pharmacy is highly disruptive compared to access through the illegal market
  - Regulatory bodies and federal and provincial policy frameworks have not kept up with the need for innovation to address the rapidly evolving drug toxicity crisis

# To meaningfully address the drug toxicity crisis, we need a tightly regulated market with consumer protections akin to those for legal substances

- Legislation that allows legal production and distribution of substances of known purity and potency
- Pricing that strikes a balance between undercutting the illegal market but still high enough to decrease use
- Clear and accurate labelling
- Advertising bans and other measures to prevent initiation of new users
- Restrictions on access to disincentivize rather than prohibit use




*Above: Adapted from an original concept by Dr John Marks*

# What can we do **right now** ?

→ *If the systems transformation takes time, we can still act now to save lives*

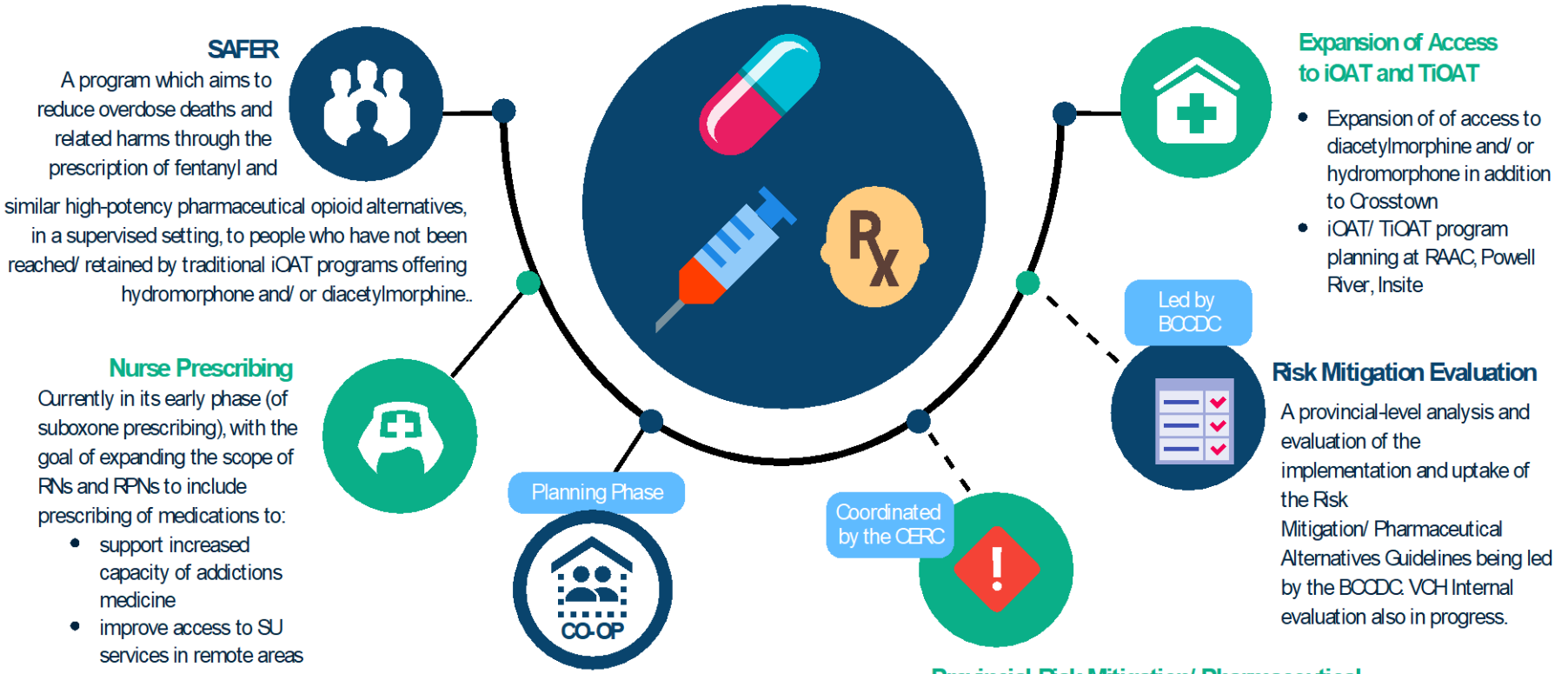
- Support rapid implementation and evaluation of non-medical models of safer supply
- Decriminalize – among other benefits, also decreases risks of innovative community programs that support people who use drugs
- Support models of access that involve payment for substances

Non-prescribed models can be developed and evaluated alongside prescribed models

DRAFT: June 14, 2021

# Pharmaceutical Alternatives

A priority for the Integrated VCH/ PHC Substance Use and Addiction Program is to improve access to low barrier pharmaceutical alternatives to the toxic illicit drug supply.




### SAFER

A program which aims to reduce overdose deaths and related harms through the prescription of fentanyl and similar high-potency pharmaceutical opioid alternatives, in a supervised setting, to people who have not been reached/ retained by traditional iOAT programs offering hydromorphone and/ or diacetylmorphine..

### Nurse Prescribing

Currently in its early phase (of suboxone prescribing), with the goal of expanding the scope of RNs and RPNs to include prescribing of medications to:

- support increased capacity of addictions medicine
- improve access to SU services in remote areas and;
- increase access to health care support and treatments for people who use opioids

### Compassion Club

In partnership with the BCCSU and Fraser Health, the regional addiction program is developing a non-prescriber model that aims to reduce deaths from the toxic drug supply.

### Provincial Risk Mitigation/ Pharmaceutical Alternatives Guidelines

The guidance outlines steps that prescribers, pharmacists and care teams can take to support the provision of alternatives to the illegal drug supply to be delivered directly to patients, along with telemedicine for clinical assessments.

### Expansion of Access to iOAT and TiOAT

- Expansion of of access to diacetylmorphine and/ or hydromorphone in addition to Crosstown
- iOAT/ TiOAT program planning at RAAC, Powell River, Insite

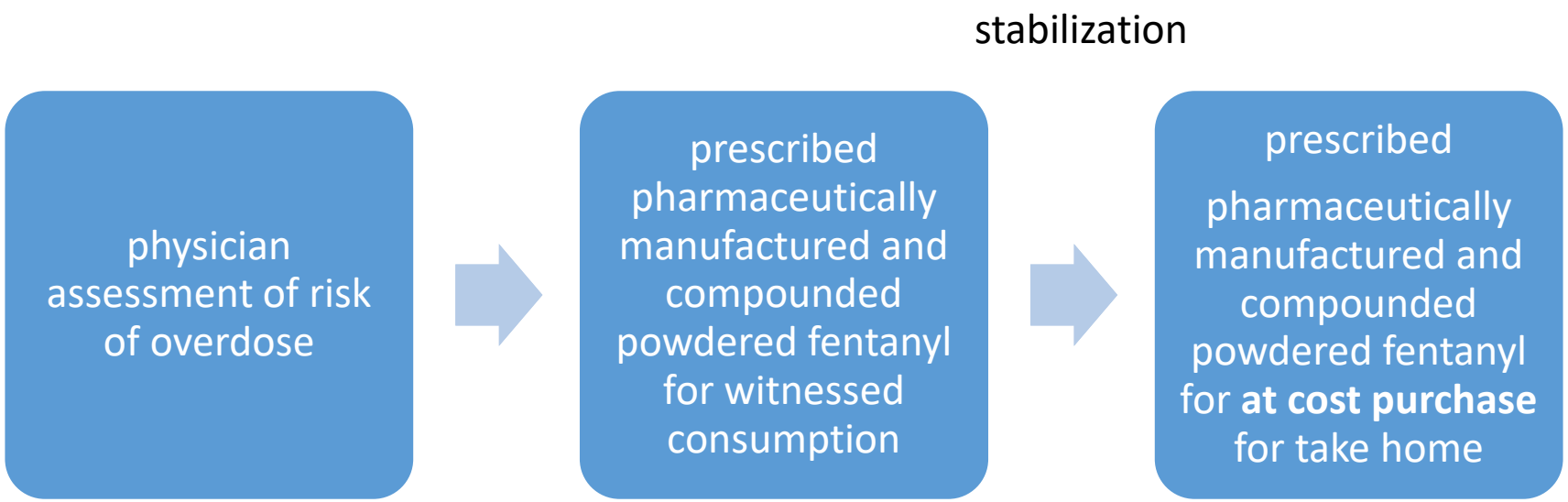
### Risk Mitigation Evaluation

A provincial-level analysis and evaluation of the implementation and uptake of the Risk Mitigation/ Pharmaceutical Alternatives Guidelines being led by the BCCDC. VCH Internal evaluation also in progress.

Vancouver CoastalHealth

Providence HEALTH CARE

# Enhanced Access Model




PHS' Enhanced Access Model is a program that takes us incrementally closer to the public health vision of a tightly regulated market – and purchasing the substances is a key component

# Enhanced Access and other paid purchase models have important advantages

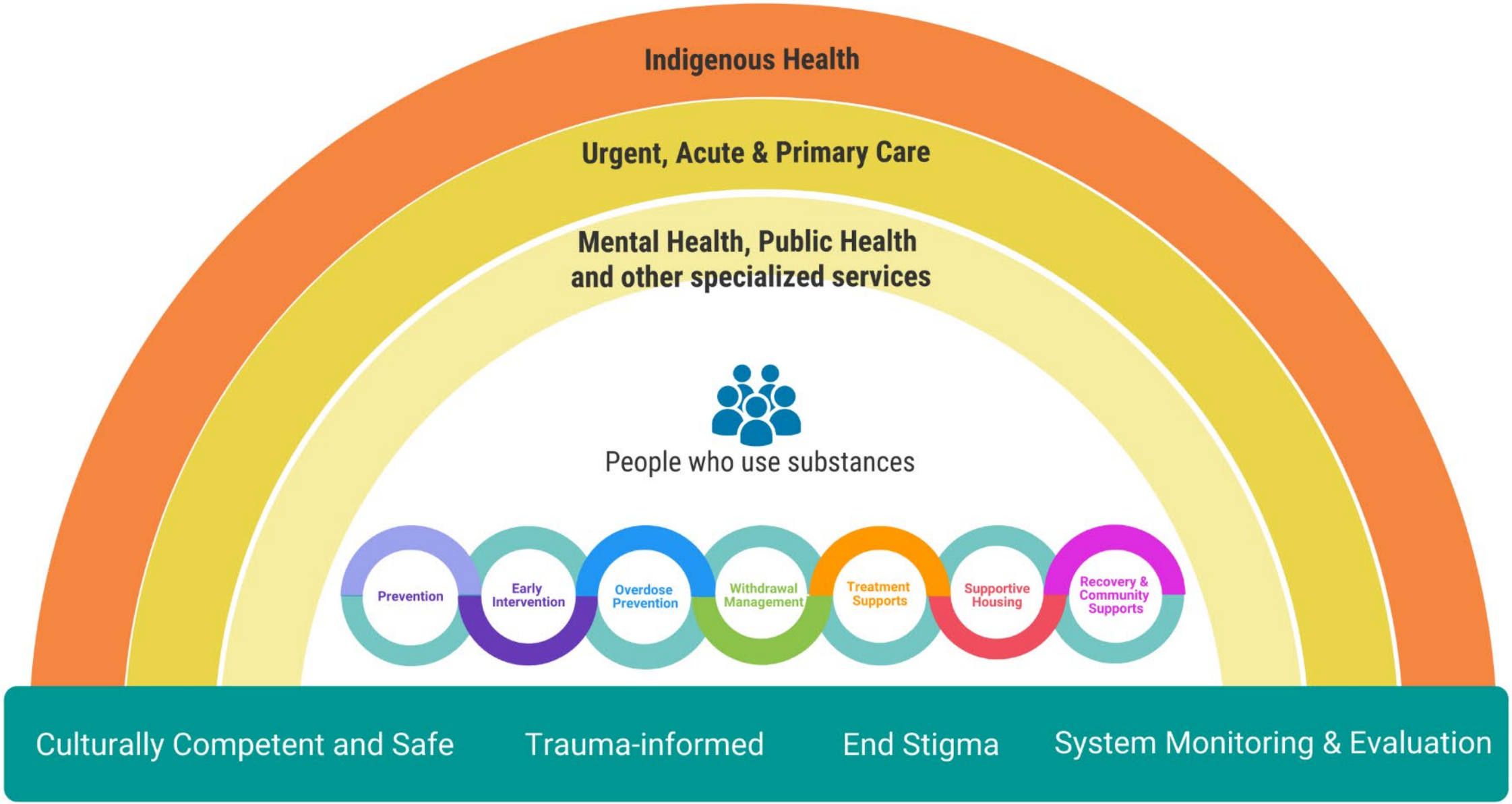
- vastly reduce the incentives to diversion, particularly the more harmful types of diversion
- real-time feedback on consumer preferences that drive evidence and innovation
- incentivizes treatment of addiction
- does not encourage increasing dependence on high doses of fentanyl
- does not preclude making prescribed products available at no cost to select populations
- requires less medical oversight for each individual enrolled, and has greater capacity
- available to those who do not meet the criteria for a diagnosis of substance use disorder
- functioning entirely within current regulatory and legal environment

Critical to maintain the option to purchase at-cost for take away doses

# Potential for Public Health Models

- The **only** models that can scale to the magnitude of the issue
- Real-time, independent evaluation and feedback from participants generates evidence in a rapidly evolving drug toxicity crisis
- Is complementary to investments in prevention and therapeutic programs in an integrated system of care

# Integrated System of Care



# Conclusions

- BC's is public health emergency related to overdoses continues to worsen despite an ongoing response

- The scale of the problem is well beyond the capacity of the current **medical models** of response

- There is now an imperative and an opportunity to support and enable the establishment and ongoing evaluation of non-medical safe supply programs to complement investment in therapeutic programs and an integrated system of care