



Coroners Service

Illicit Drug Toxicity Deaths in B.C.

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BC Coroners Service

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Coroners Service

Illicit drug toxicity is the leading cause of unnatural death in British Columbia, accounting for more deaths than homicides, suicides, motor vehicle incidents, drownings and fire-related deaths **combined**.



B.C.'s Experience

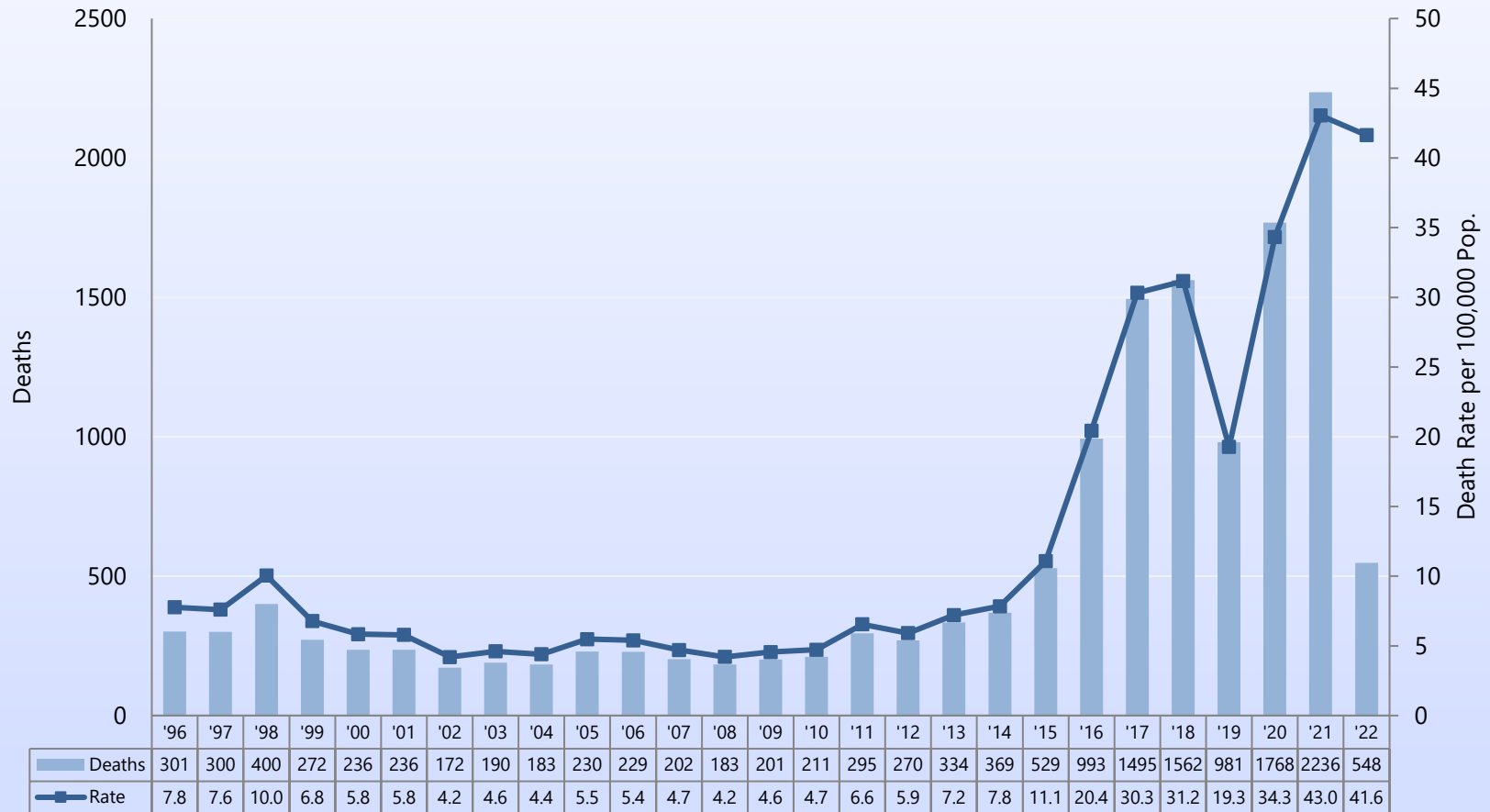
From 2014 to 2021, deaths due to illicit drug toxicity in B.C. have increased more than 600%.

Inclusion Criteria:

- Controlled and illegal drugs: heroin, cocaine, alcohol methamphetamine, illicit fentanyl, benzodiazepines
- Medications not prescribed to the deceased but obtained/purchased on the street, from unknown means or where origin of drug not known
- Combinations of the above with prescribed medications
- Accidental or undetermined
- Does not include accidental deaths due to own's one prescribed medications

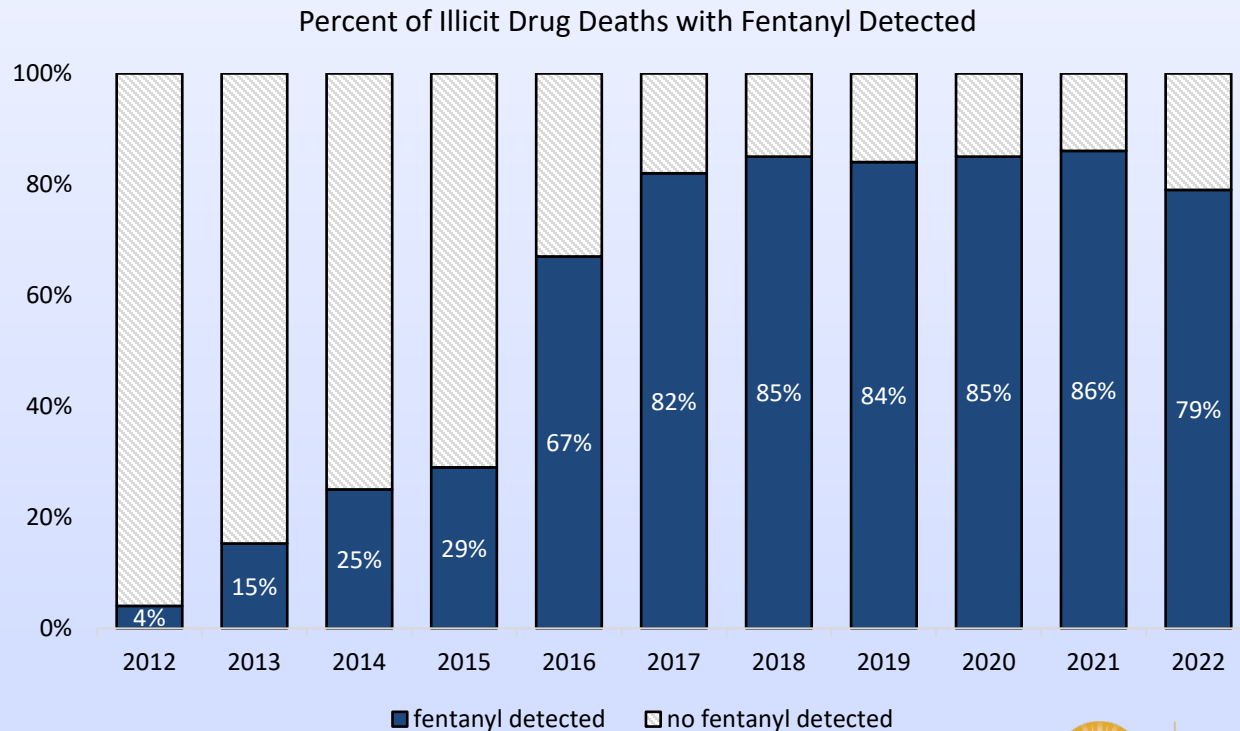
From 2014 to 2021, deaths due to illicit drug toxicity in B.C. increased more than 600%

Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population



The Role of Illicit Fentanyl

- Illicit fentanyl was first detected in drug toxicity deaths in 2012 when it was detected in **4%** of drug toxicity deaths
- By 2021, illicit fentanyl was detected in **86%** of illicit drug deaths



Provincial health officer declares public health emergency



April 2016: Dr. Perry Kendall said the extraordinary step taken by his office will allow medical health officers throughout the province to collect more real-time information from various authorities to better prevent overdoses and overdose deaths.

2016: Team of coroners seek clues to illicit drug deaths in B.C.

- Drug Death Investigation Team (DDIT) created to review every drug toxicity death in the province.
- **Protocol questions include:**
 - Medical history, including mental health history
 - Previous toxic drug events
 - Treatment or efforts to obtain treatment
 - Employment status
 - Residency status
 - Primary living arrangement
 - Mode of ingestion
 - Presence of naloxone kit

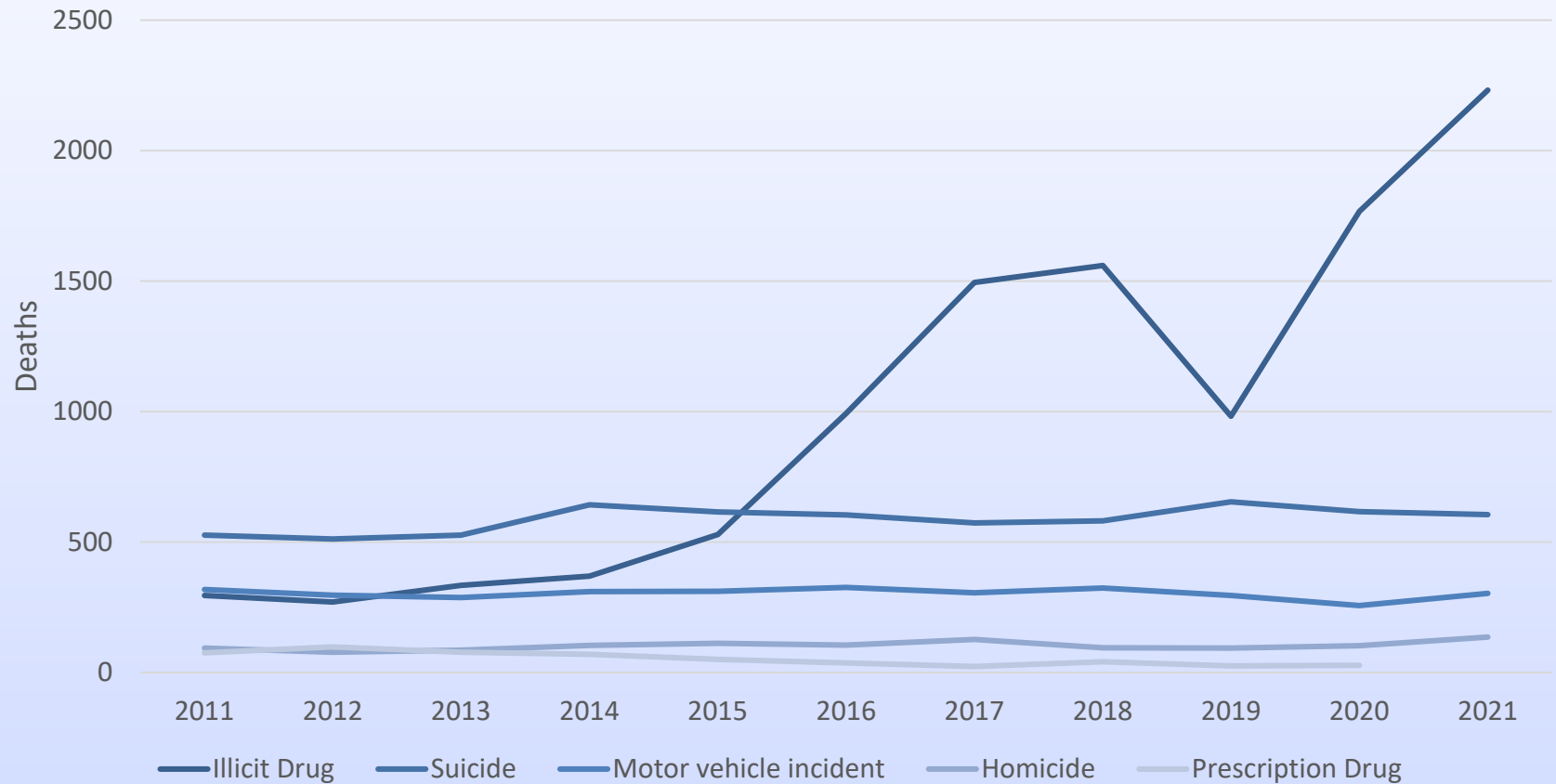
2017: First Death Review Panel

Recommendations

1. The need to provincially regulate and appropriately oversee treatment and recovery programs and facilities to ensure that:
 - They provide evidence-based, quality care; and
 - Outcomes are closely monitored and evaluated.
2. The need to expand access to evidence-based addiction care across the continuum including improved access to Opioid Agonist Therapies (OAT) and injectable Opioid Agonist Therapies (iOAT) access as well as full spectrum of recovery supports.
3. The need to improve safer drug-use through the creation of accessible provincial drug checking services using validated technologies.

Illicit Drug Toxicity Deaths in B.C.

Major Causes of Unnatural Deaths in BC



Key Findings:

Illicit Drug Toxicity Deaths by Sex

Illicit Drug Toxicity Deaths by Sex, 2012-2022											
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Female	76	79	86	106	200	272	316	236	333	486	127
Male	194	255	283	423	793	1,223	1,246	745	1,435	1,749	420
Unknown	0	0	0	0	0	0	0	0	0	1	1
Total	270	334	369	529	993	1,495	1,562	981	1,768	2,236	548

Key Findings:

Illicit Drug Toxicity Deaths by Age Group

Illicit Drug Toxicity Deaths by Age Group, 2012-2022											
Age Group	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<19	5	6	3	5	12	26	18	13	18	30	6
19-29	61	94	83	117	204	272	301	170	309	325	66
30-39	61	77	101	137	261	400	397	274	415	538	140
40-49	67	74	85	130	233	355	348	215	409	488	129
50-59	56	62	73	110	230	314	363	214	406	560	138
60-69	19	21	24	29	50	121	127	91	195	264	61
70-79	1	0	0	1	3	7	8	4	16	30	7
Unknown	0	0	0	0	0	0	0	0	0	1	1

Key Findings:

Illicit Drug Toxicity Deaths by Place of Injury

- In 2021, 83% of deaths occurred inside

Illicit Drug Toxicity Deaths by Place of Injury, BC, 2018-2021 ^[3]				
	2018	2019	2020	2021
Inside:				
Private Residence	927 (59.5%)	566 (57.6%)	1,002 (56.7%)	1,235 (55.5%)
Other Residence	377 (24.2%)	259 (26.4%)	461 (26.1%)	554 (24.9%)
Correctional facility/police cell	5 (0.3%)	4 (0.4%)	5 (0.3%)	8 (0.4%)
Medical facility	5 (0.3%)	5 (0.5%)	5 (0.3%)	9 (0.4%)
Occupational site	6 (0.4%)	6 (0.6%)	6 (0.3%)	8 (0.4%)
Public building				
Public washroom	23 (1.5%)	11 (1.1%)	6 (0.3%)	12 (0.5%)
Other area of building	17 (1.1%)	7 (0.7%)	13 (0.7%)	28 (1.3%)
Outside	189 (12.1%)	117 (11.9%)	250 (14.2%)	336 (15.1%)
Unknown	10 (0.6%)	7 (0.7%)	19 (1.1%)	34 (1.5%)
Total	1,559	982	1,767	2,224

Key Findings: Top Involved Drugs

Top Drugs Involved Among Illicit Drug Toxicity Deaths, 2019-21	
Drug Detected	BC (n=1,715)
Illicit fentanyl & analogues	85.1%
Cocaine	46.2%
Methamphetamine/amphetamine	41.6%
Other opioids	23.2%
Ethyl alcohol	26.9%
Benzodiazepines	11.7%
Other stimulants	3.2%

Key Findings:

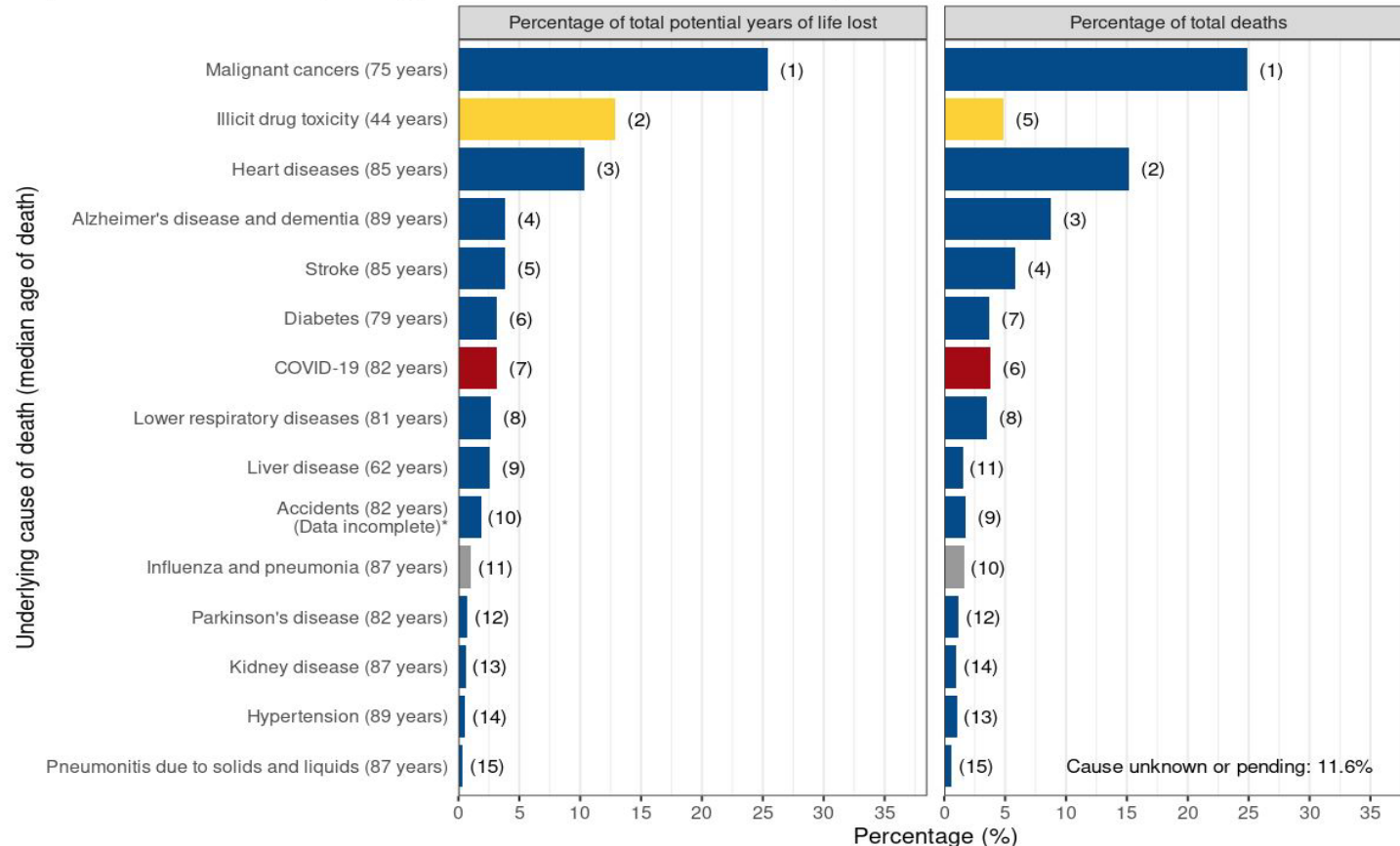
Rates of Death

Illicit Drug Toxicity Death Rates by Health Authority per 100,000, 2012-2022^[3,5,6]

HA	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Interior	4.3	7.4	6.3	8.4	22.0	31.5	29.6	17.3	35.2	45.3	53.6
Fraser	6.2	6.2	7.3	11.8	18.6	26.9	28.0	17.1	30.3	39.2	42.3
Vancouver Coastal	6.4	8.3	10.4	13.7	23.3	37.4	37.4	22.8	39.3	49.7	54.2
Island	5.9	7.8	7.0	9.0	19.9	29.5	29.5	20.0	31.7	37.6	32.7
Northern	6.3	6.5	7.1	8.5	17.8	22.5	34.1	22.4	44.6	48.6	74.5
BC	5.9	7.2	7.8	11.1	20.4	30.3	31.1	19.3	34.3	43.0	47.2

Top 15 Causes of Death – B.C.

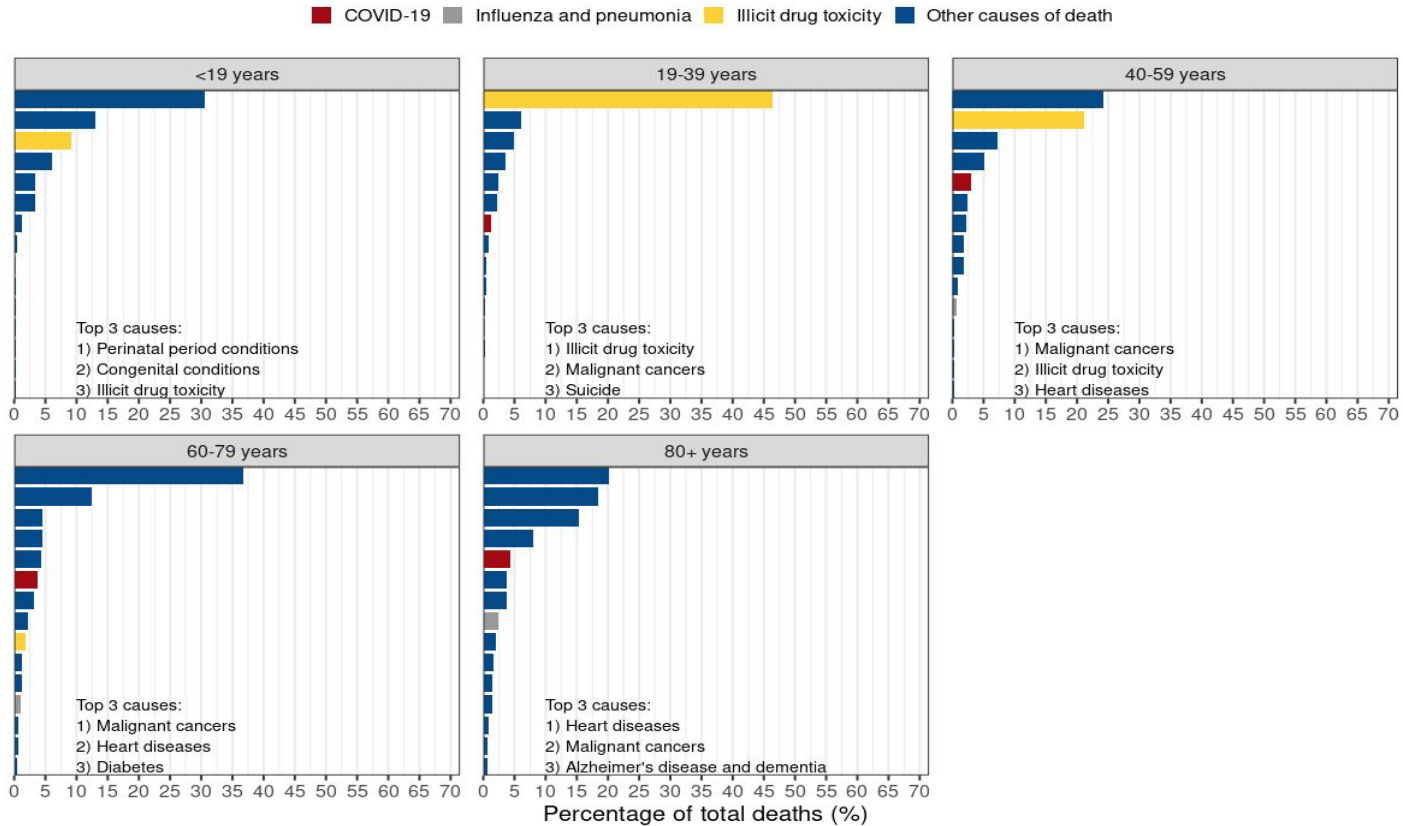
Top 15 causes of death (ranking) in BC for March 2020 to February 2022



*External causes of death (other than illicit drug toxicity) incomplete due to reporting delay and may rise in ranking as cause of death 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.

Top 15 Causes of Death by Age Group

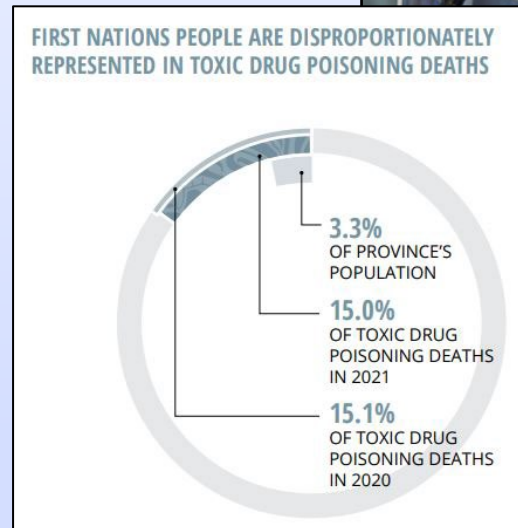
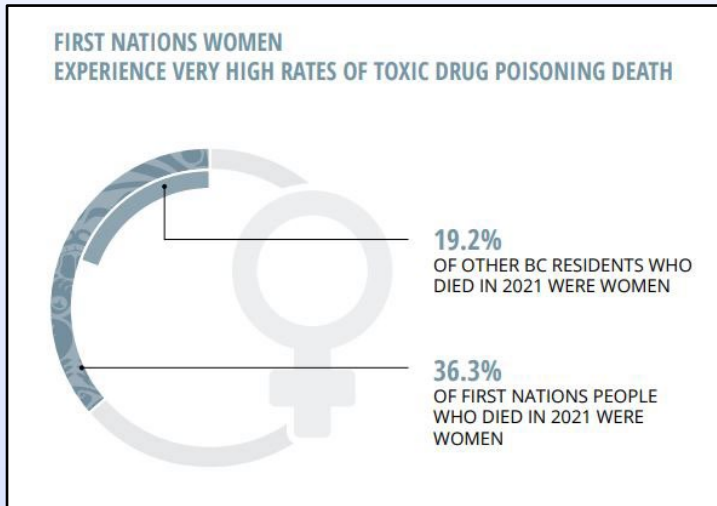
Top 15 causes of death by age group in BC for March 2020 to February 2022



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.

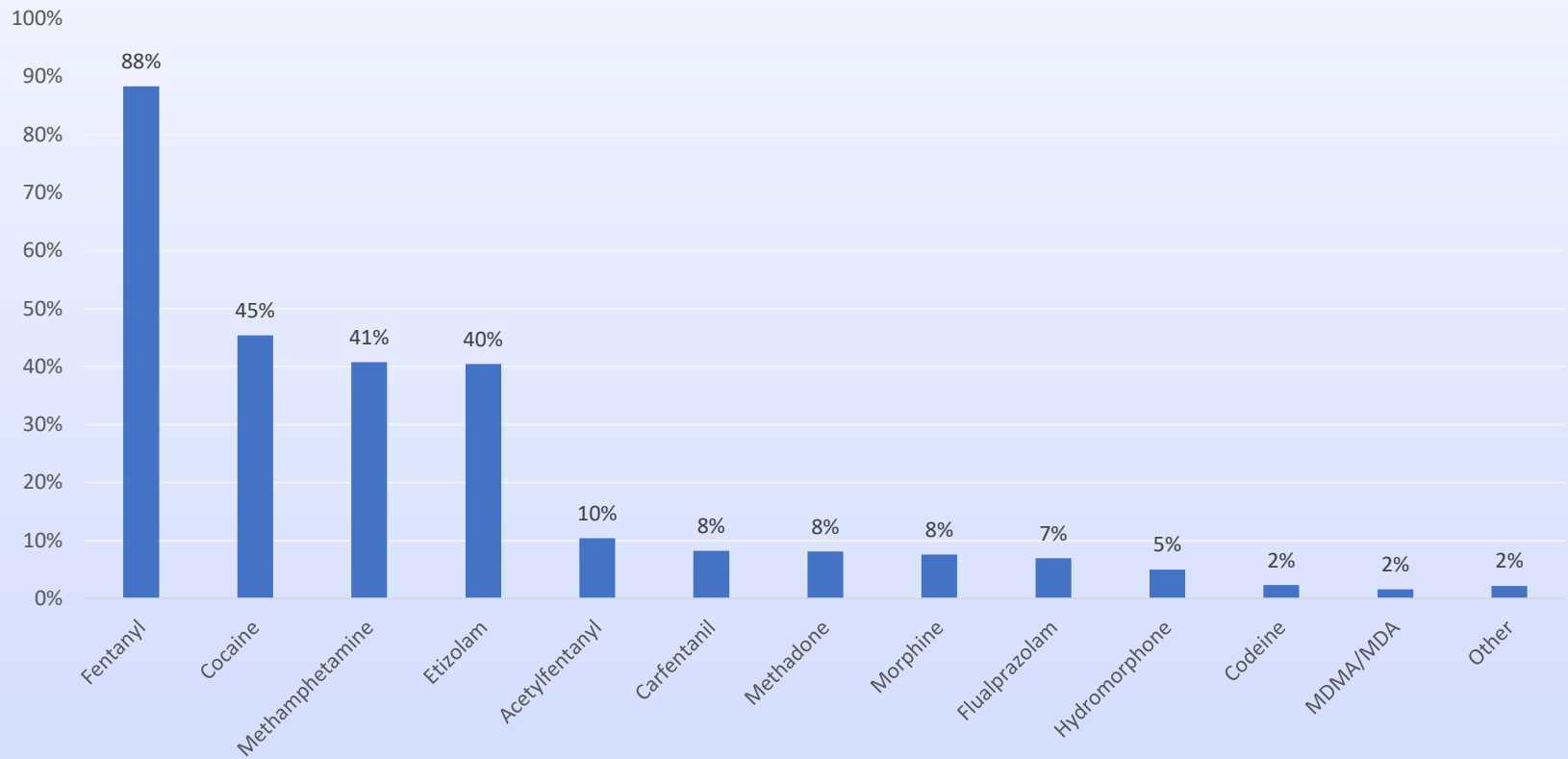
Impacts on First Nations

- First Nations People are disproportionately impacted by the drug toxicity crisis



New Challenges: Drug Types

Substances Detected in Expedited Toxicology Among Illicit Drug Toxicity Deaths,
Jul 2020 - Mar 2022



Coroners Service Death Review Panel

Findings - March 2022

- **Reviewed 6,007 deaths between Aug. 1, 2017 and Jul. 31, 2021**
- **Major findings of the review include:**
 - Drug toxicity deaths continue to increase;
 - The drug supply is increasingly toxic;
 - Smoking is the most common method of consumption;
 - Indigenous people are disproportionately affected;
 - There is a strong concurrence of substance use and mental health disorders;
 - Most decedents had recent contact with health professionals prior to their death;
 - Individuals living in poverty, and with housing instability, are particularly vulnerable;
 - Multiple substances are detected in the majority of the deaths;
 - Very few of the decedents engaged with substance use disorder treatment services; and
 - These deaths are occurring across the province in urban and rural and remote centres.



Coroners Service Death Review Panel

Key Areas to Reduce Deaths

Safer Drug Supply

Coordinated, Goal-Driven
Provincial Strategy

Comprehensive Continuum of
Substance Use Care

Linked Data Cohort Findings

Table 5: Percentage of Illicit Drug Toxicity Deaths with a Mental Health Diagnostic Code within the Past Year, Aug 2017 – Dec 2018

	Linked Data Cohort	20% Random BC Population
Mental health diagnostic code (including substance use disorder)	43%	14%
Mental health diagnostic code (excluding substance use disorder)	20%	13%
Substance use disorder codes	35%	2%

Linked Data Cohort Findings

Table 6: Time of Last MSP billing, Hospital Discharge, or Emergency Room Visit, Aug 2017 – Dec 2018

	Linked Data Cohort	20% Random BC Population
Less than 3 months	72%	54%
3 months to less than 6 months	10%	12%
6 months to less than 1 year	6%	11%
1 year to less than 3 years	6%	12%
3 years or more	2%	5%
No visits	5%	5%
Total	1,924	1,070,641

Decriminalization

The decriminalization of people who use drugs for personal consumption is urgently needed to address the illicit drug toxicity crisis. Decriminalization is an evidence-based policy strategy (PHO, 2019) to reduce the harms* associated with the criminalization of illicit substances by removing mandatory criminal sanctions, replacing them with access to prevention, harm reduction and treatment services.

There are differences of opinion on the appropriate amounts of what constitutes personal use. A PHO (2019) report found there is no ideal threshold for a given substance. What is a typical quantity for personal use varies by the substance and the person. Drug availability will also have an impact upon defining personal use. Where drugs are harder to obtain people may feel the need to obtain larger quantities in case they are unable to obtain the drugs at a later time.

*-Substance use harms include stigma and shame associated with substance use, criminal justice system involvement, using alone and high-risk consumption patterns, the transmission of blood-borne disease, and drug toxicity injuries and death.



Recommendation 1

Ensure A Safer Drug Supply To Those At Risk Of Dying From The Toxic Drug Supply

Rationale: The first priority in addressing the illicit drug crisis is keeping people alive. One of the primary drivers of the historically high number of deaths is the growing toxicity and unpredictability of the street supply of drugs. Providing a safer drug supply of pharmaceutical alternatives is necessary to reduce the number of people from dying due to the toxicity of illicit drugs.

As the scale of current initiatives have been unsuccessful in reducing the number of deaths due to toxic illicit drugs, Provincial Emergency Powers and further legislative tools may be required to ensure immediate action commensurate with the magnitude of the crisis.

Recommendation 2

Develop A 30/60/90 Day Illicit Drug Toxicity Action Plan with Ongoing Monitoring

Rationale: The public health crisis is now in its sixth year and continues to worsen. Public health efforts to date have not been successful in reducing the number of people dying as a result of toxic illicit drugs. The public health response to COVID-19 has demonstrated a model of addressing a public health emergency that is urgent, evidence-based, responsive, directive and publicly transparent. The response to COVID-19 has been able to address health, economic and social needs beyond the health care sector and adjust planning and actions as the realities of COVID-19 change dictate.

Recommendation 3

Establish An Evidence-Based Continuum Of Care

Rationale: This review found that the majority of those who died had accessed the health care system recently and many for a reason related to substance use and or mental health. The review also found that few of those who died had accessed non-pharmaceutical treatment. The 2017 Illicit Drug Toxicity Death Review Panel identified the need to support health care professionals assess patients for substance use disorders and develop referral mechanisms to link patients with evidence-based treatment services. This panel reiterated that need and noted that in order to make appropriate treatment referrals, appropriate treatment and support options need to exist and be accessible when people need them.

Both the 2017 panel and this panel also identified the need to consult with persons who use substances, persons in recovery and affected families in the planning, development and implementation of treatment services.

2017 Death Review Panel

The recommendations from the Illicit Drug Toxicity Death Review Panel in 2017 are still relevant and required. The 2017 recommendations focused on the expansion of evidence-based treatment, expansion of harm reduction services and options, and the need for an integrated accountable substance use system of care to reduce deaths due to illicit drug toxicity.





BRITISH COLUMBIA Coroners Service

Special Report: Mother fights to decriminalize illicit drugs

