

Emergency Preparedness + Business Continuity
Conference Nov 1, 2017



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

BC Opioid Overdose Emergency

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Harm reduction lead BC CDC

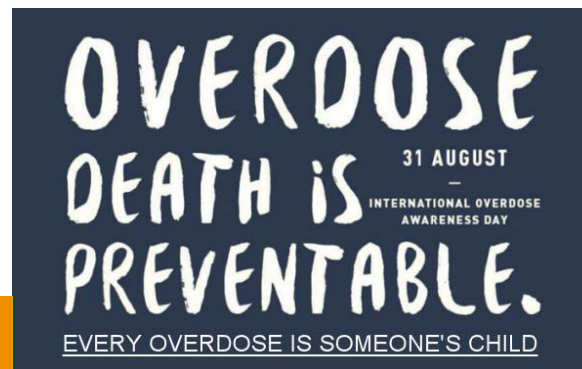




Overview

- Background - overdose crisis
- Public health emergency declared
 - Improving monitoring and surveillance
 - ❖ Who is at risk, how/where to target interventions
 - Before OD: Preventing overdose before it happens
 - ❖ Awareness and Education
 - ❖ Improve treatment opioid agonist therapy & injectable
 - During OD: Immediate response to an overdose
 - ❖ Drug use in observed/supervised settings
 - ❖ Training to recognize and respond to OD
 - ❖ Naloxone programs: THN and FORB
- What next?
 - Better access to treatment and safer drugs
 - Engaging people with lived experience
 - Reduce stigma
 - Decriminalization

This presentation is made possible by many
Thank you to first responders, staff and people with
lived experience who are dedicated to
saving the lives of others



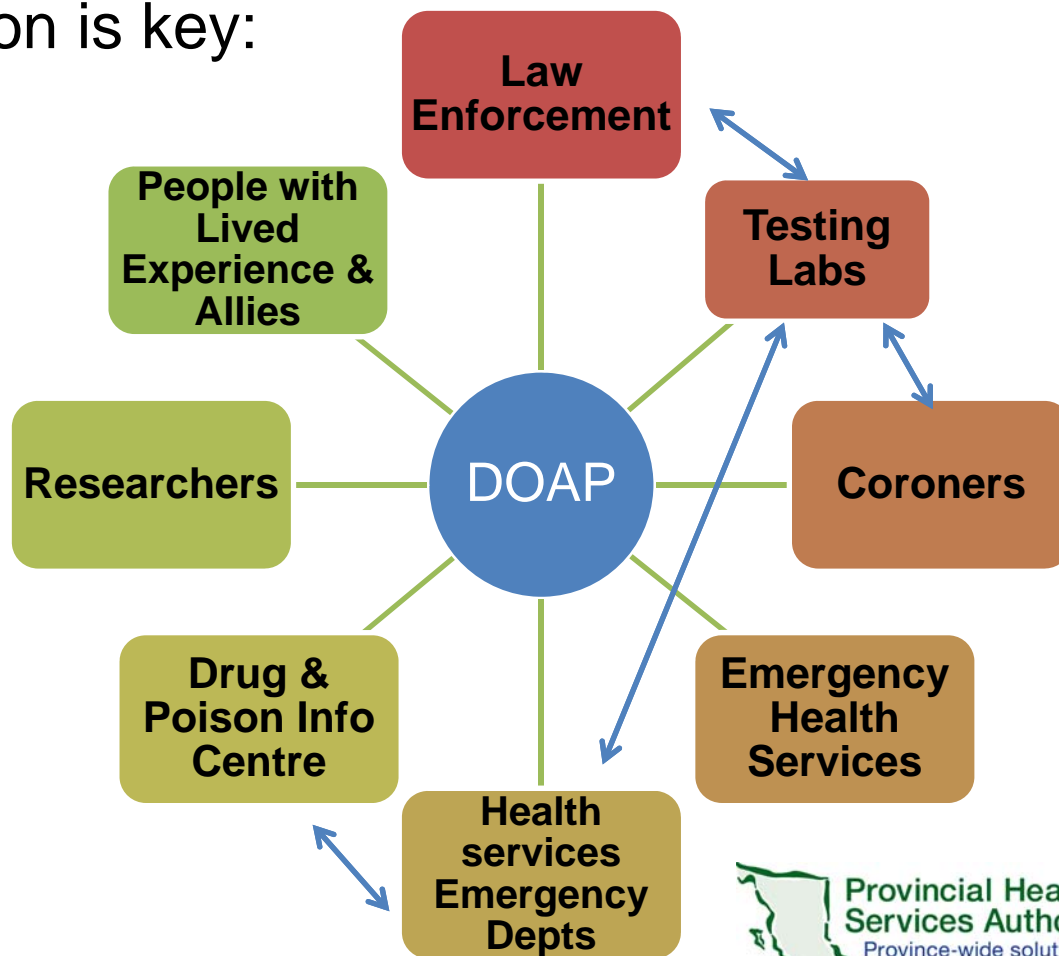
Harm reduction....

- ... is pragmatic non-judgmental approach; aims to treat people who use drugs with respect, dignity, and compassion. Meets people where they are and doesn't insist on abstinence
- ... involves a range of services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier.
- ...involves the experts (people with lived experience) to provide insights into the reality of drug use and ensures our work is relevant
- Does not enable or facilitate drug use; it makes connections, builds trust and engages people into treatment



BC Drug Overdose & Alert Partnership

Communication is key:



Communicating drug alerts

Findings

- Be timely
- Be accessible & relevant
 - Use simple language that implies harm
 - Date posters & remove
 - State what to look for and what can do
 - Enable an informed decision
- **Avoid:**
 - Scare tactics and don't do it messages
- Public media alerts
 - Police or HA get input from service providers and PWUD

OVERDOSE ALERT

There has been an increase in people needing medical support after consuming substances in Surrey.

Reports include:

- Loss of consciousness
- Overdoses that involve seizures
- Extreme muscle rigidity
- High risk of overdose (OD) even from smoking



Please look out for each other.

FOR YOUR SAFETY:

- ✓ Where possible, don't use alone
- ✓ If you do use alone, make a plan to have someone check on you
- ✓ Test by using small amounts first and go slowly
- ✓ Do not use with alcohol or other drugs

Plan to survive, know how to respond to an overdose:



If someone ODs, YOU can help!

- 1) CALL 9-1-1 immediately**
- 2) Open airway and give BREATHS**
- 3) Give naloxone (Narcan) if you can**

Overdose Data & Reports

BCCDC Reports:

- [The BC Public Health Opioid Overdose Emergency - Jan 2017 update](#)
- [The BC Public Health Opioid Overdose Emergency - Mar 2017 update](#)
- Summary Infographic: **The Opioid Overdose Emergency** - May 2017 - [Online](#) version and [Print Friendly](#) version
- [BC Overdose Action Exchange Meeting Report](#) - August, 2017
- [BC Overdose Action Exchange Meeting Report](#) - July, 2016
- [BC Overdose Action Exchange Primers](#) - July, 2016

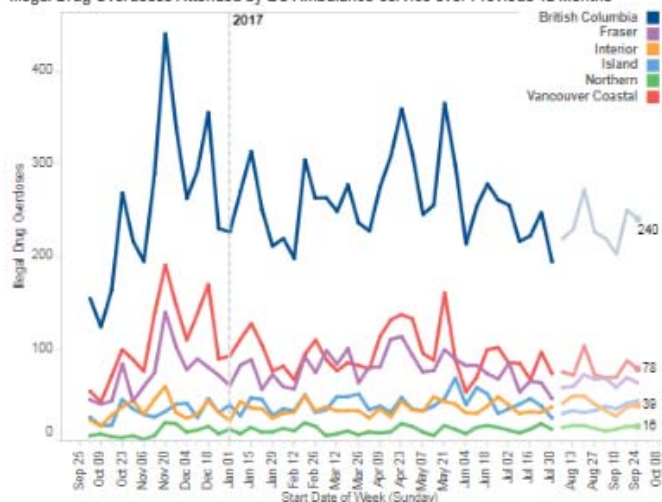
Interactive Dashboard:

Overdose Calls Ingestion Poisonings Overdose Services Deaths

Provincial Overdose Data

Hover over a line for more details.

Illegal Drug Overdoses Attended by BC Ambulance Service over Previous 12 Months



In this section

Harm Reduction

Overdose Data & Reports

BC Drug Overdose & Alert Partnership [DOAP]

Canadian Best Practices

Mortality and Overdose Maps:

- [Illicit Drug Overdose Deaths \(Jan 2010 - Jul 2017\)](#) - Maps of [Health Service Delivery Areas \(HSDA\)](#) and [Local Health Area \(LHA\)](#)
- [BC Paramedic - Attended Overdose Events \(2016\)](#) - Maps of [HSDA](#) and [LHA](#)

BC Coroners Service Reports:

- [Illicit Drug Overdose Deaths \(2007-2017\)](#)
- [Fentanyl-detected illicit drug overdose deaths \(2012-2017\)](#)

BC Ministry of Health Reports:

- [Bimonthly reports](#)



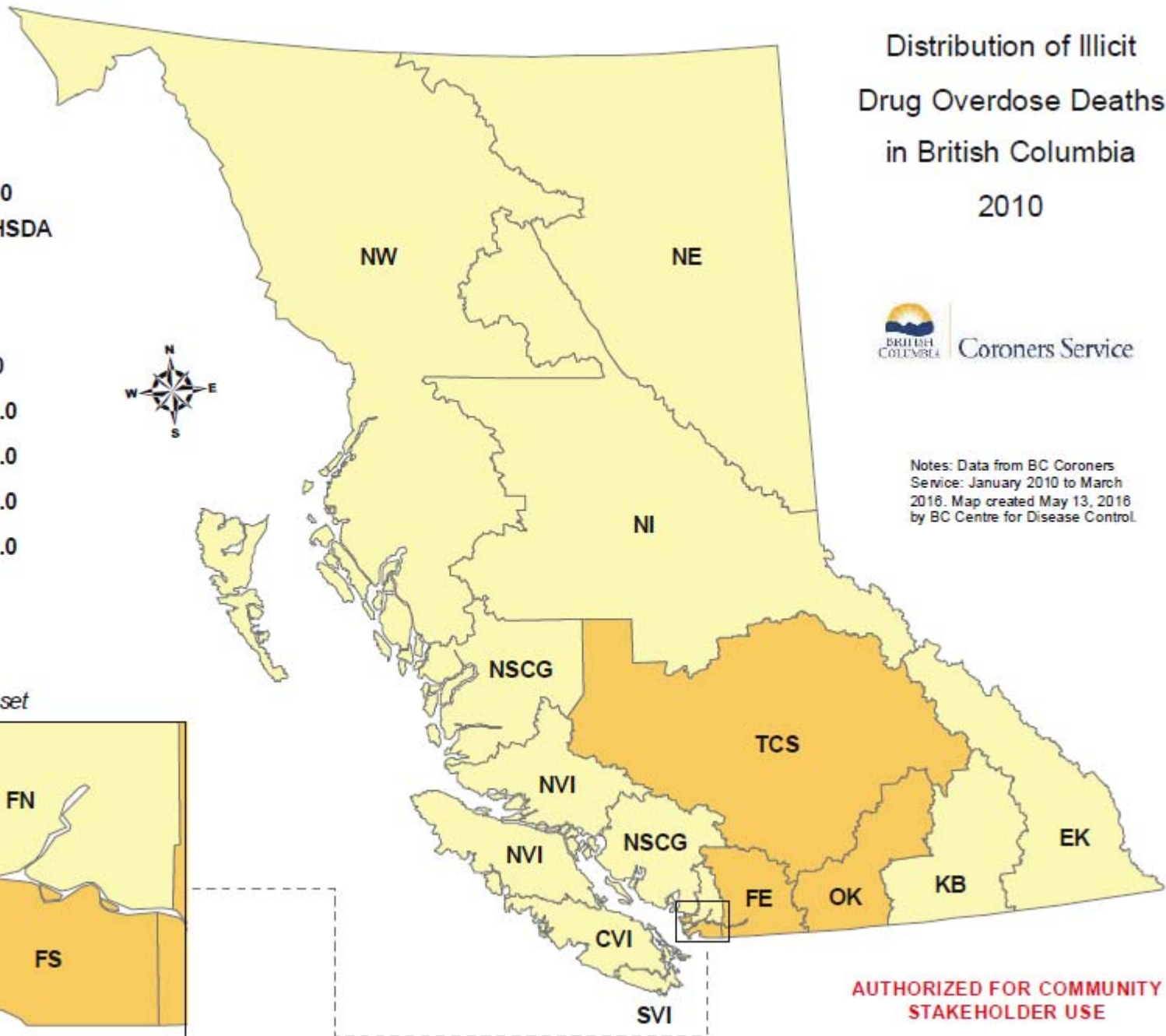
BC Centre for Disease Control
AN AGENCY OF THE PUBLIC HEALTH SERVICES AUTHORITY

Distribution of Illicit Drug Overdose Deaths in British Columbia 2010



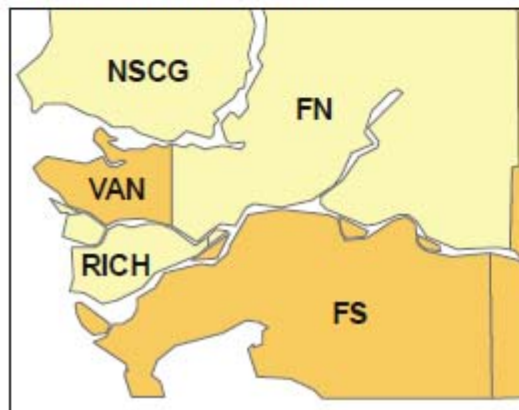
Coroners Service

Rate per 100,000 population by HSDA



Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 13, 2016 by BC Centre for Disease Control.

Greater Vancouver Inset



AUTHORIZED FOR COMMUNITY STAKEHOLDER USE



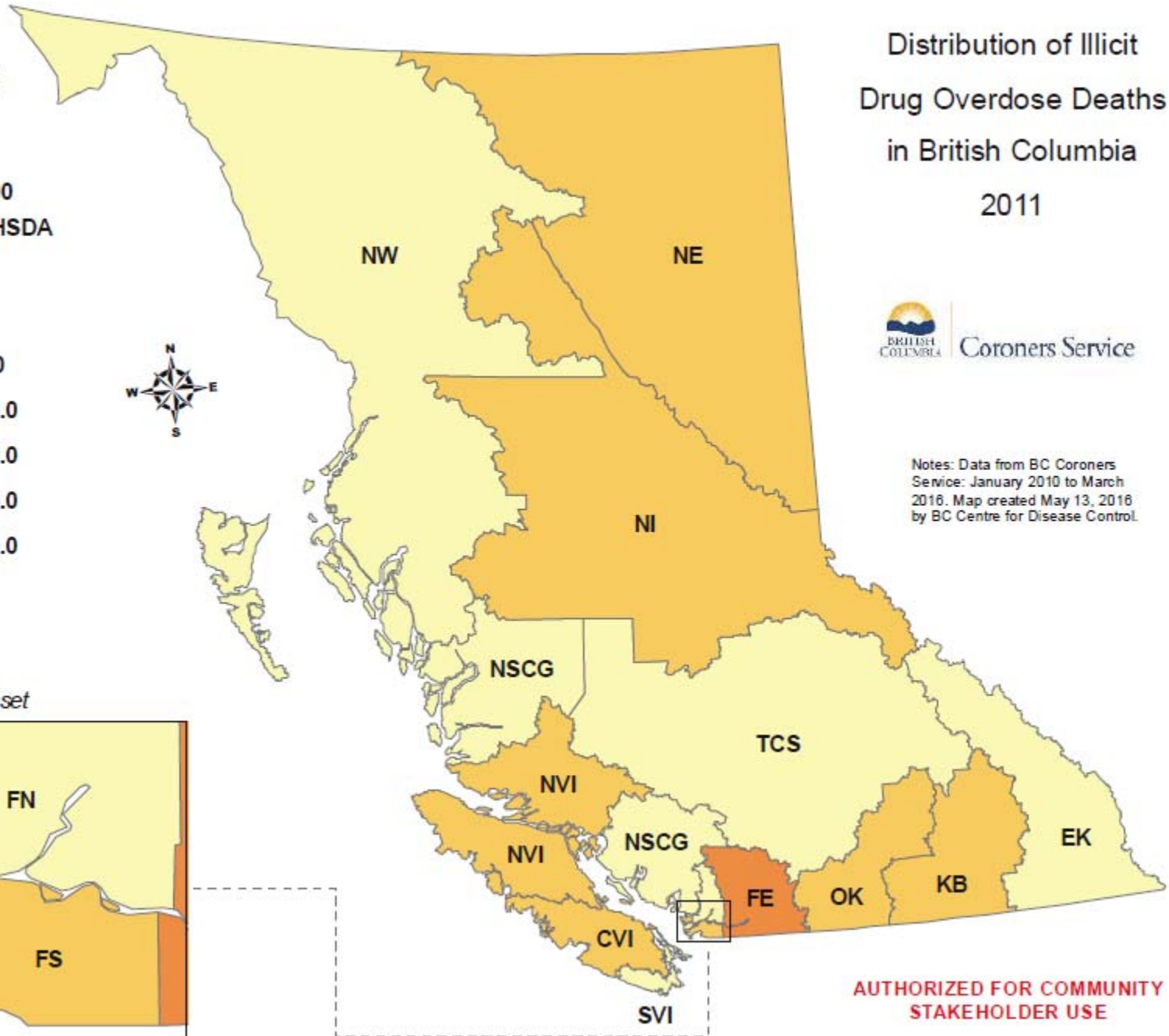
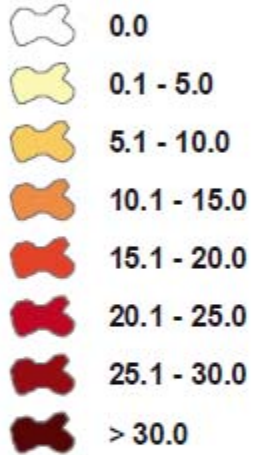
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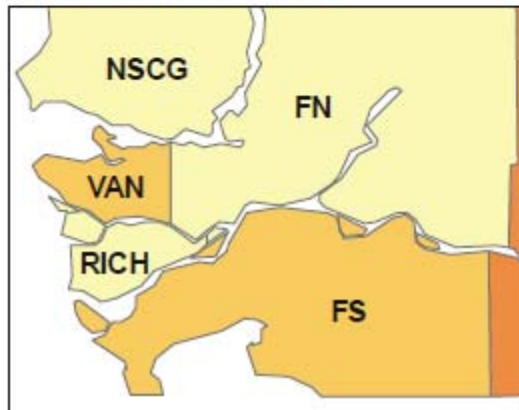
Coroners Service

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BC Centre for Disease Control
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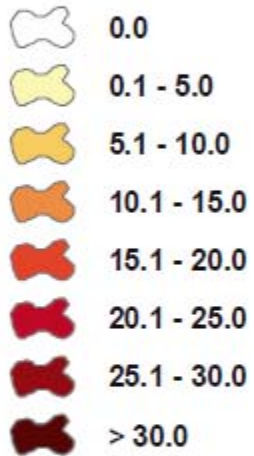
Distribution of Illicit Drug Overdose Deaths in British Columbia 2012



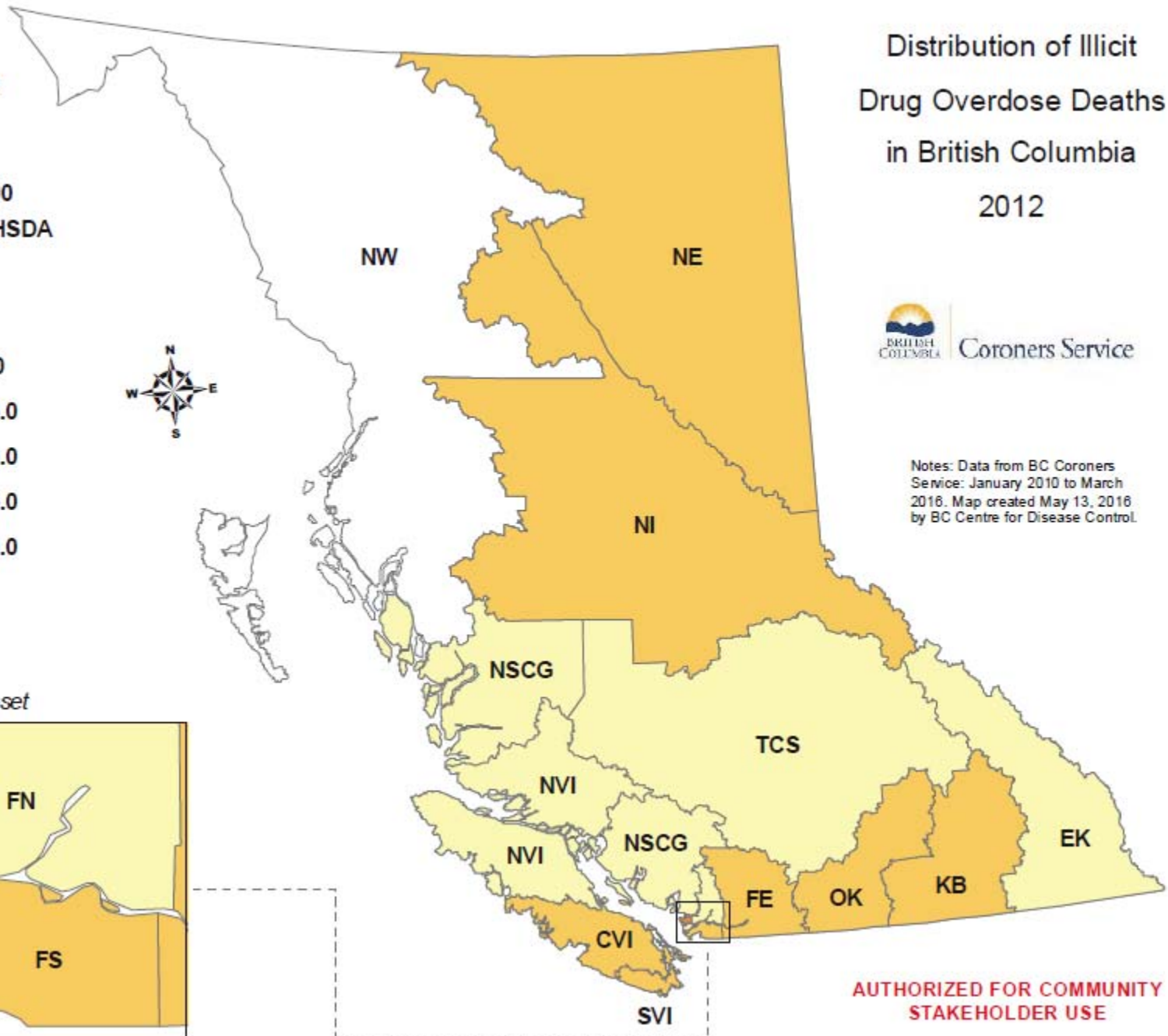
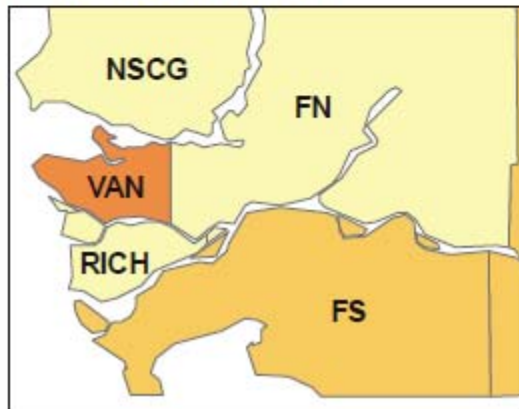
Coroners Service

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Rate per 100,000
population by HSDA



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STAKEHOLDER USE



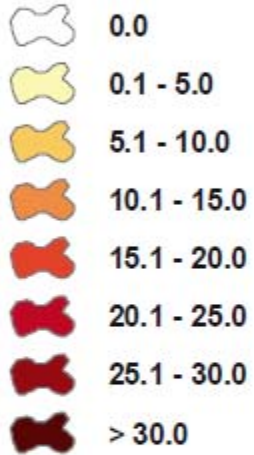
BC Centre for Disease Control
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Distribution of Illicit Drug Overdose Deaths in British Columbia 2013



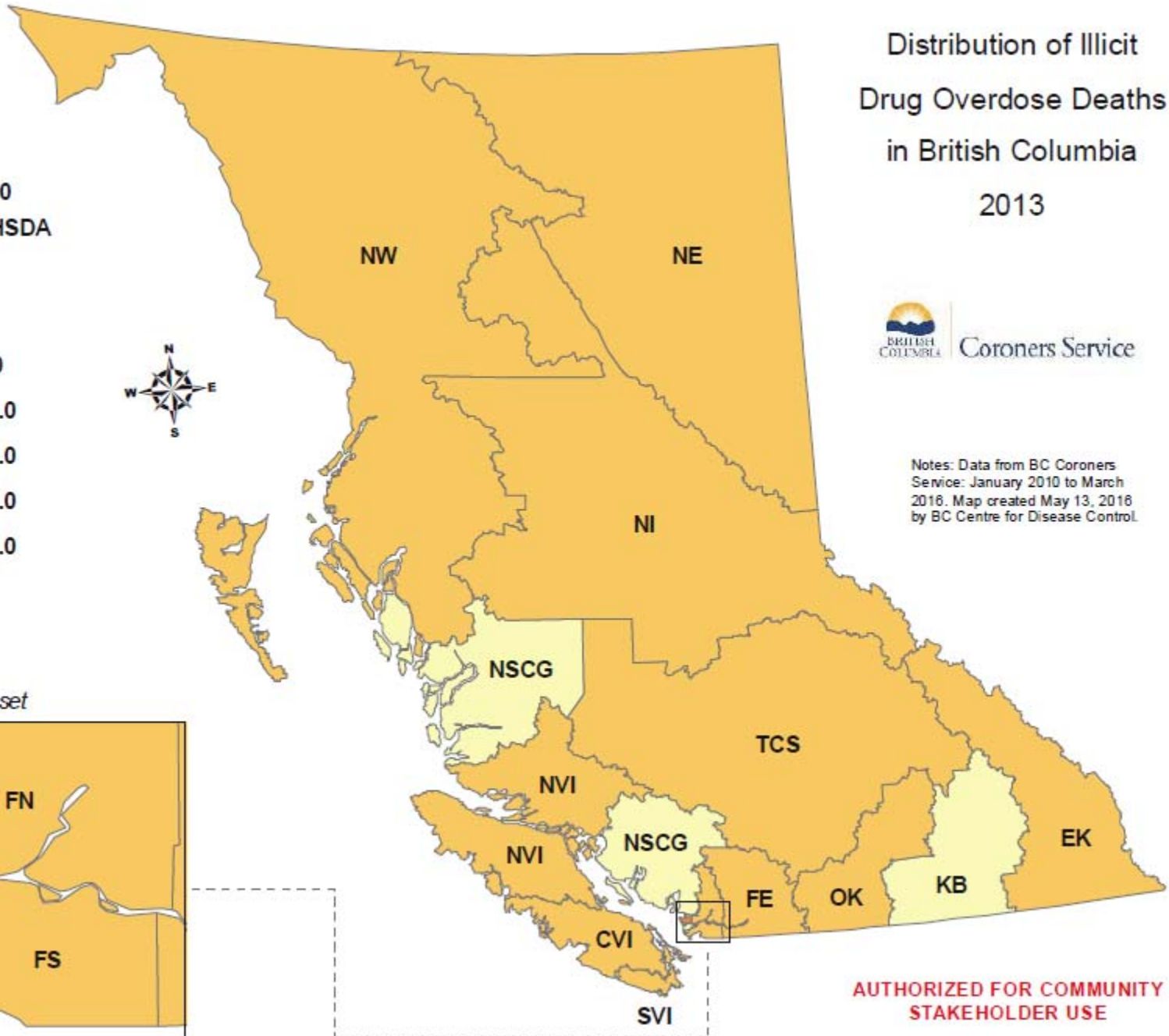
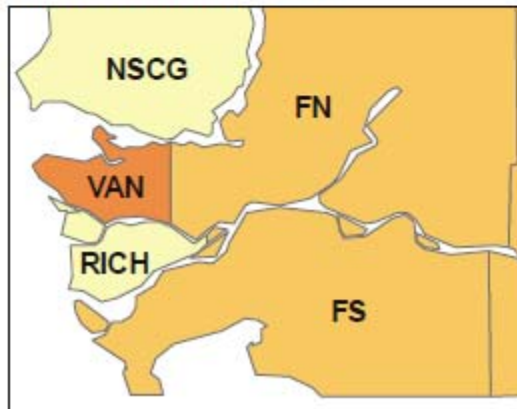
Coroners Service

Rate per 100,000
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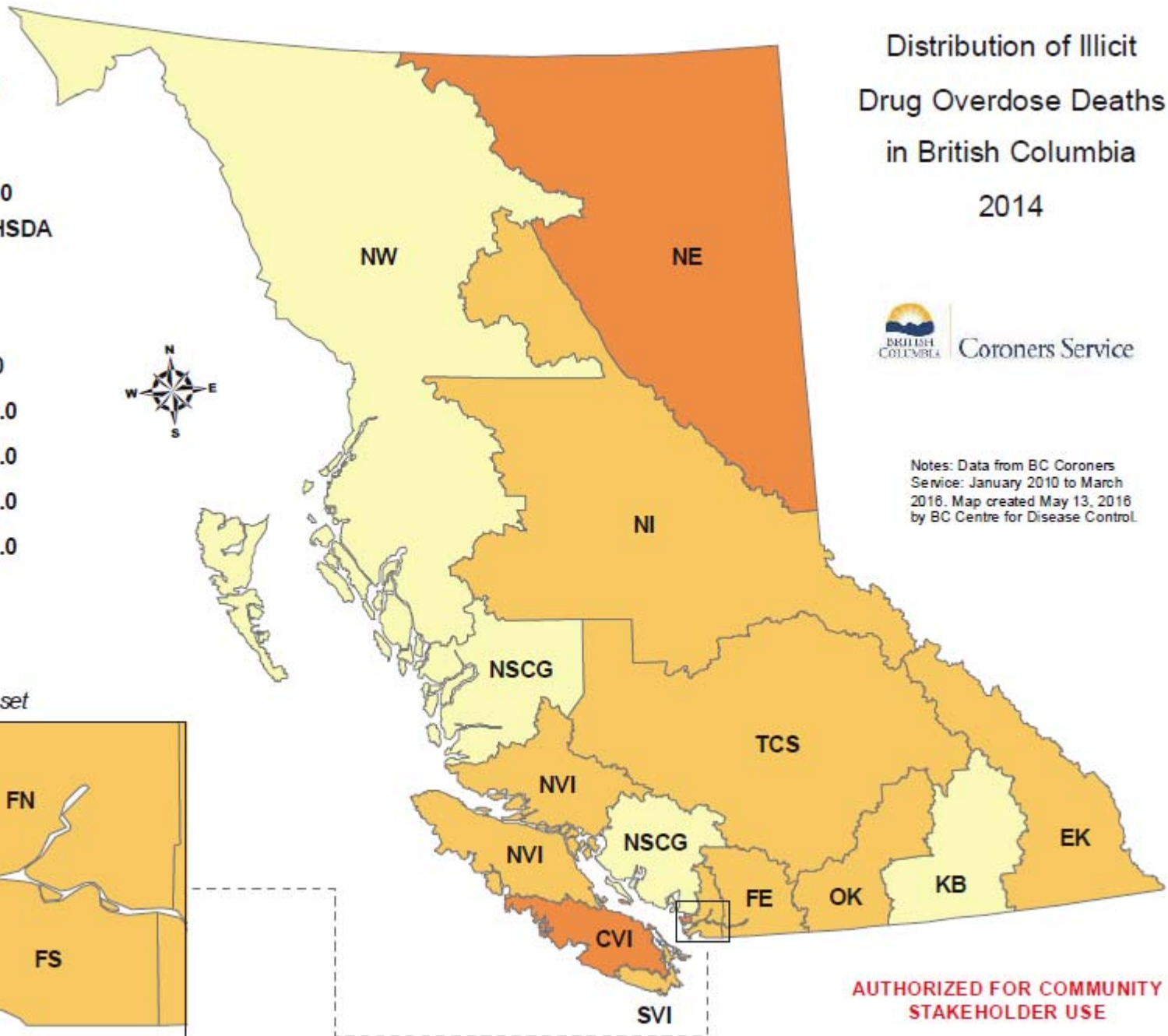
BC Centre for Disease Control
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Distribution of Illicit Drug Overdose Deaths in British Columbia 2014



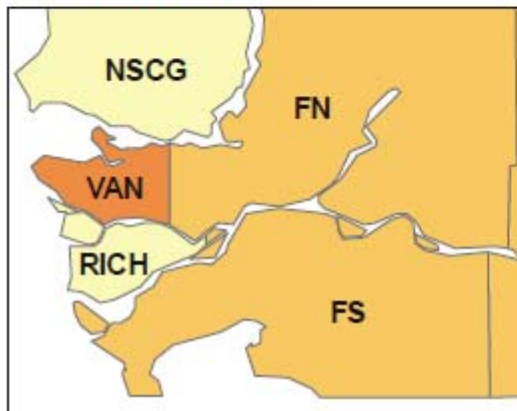
Coroners Service

Rate per 100,000
population by HSDA



Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 13, 2016 by BC Centre for Disease Control.

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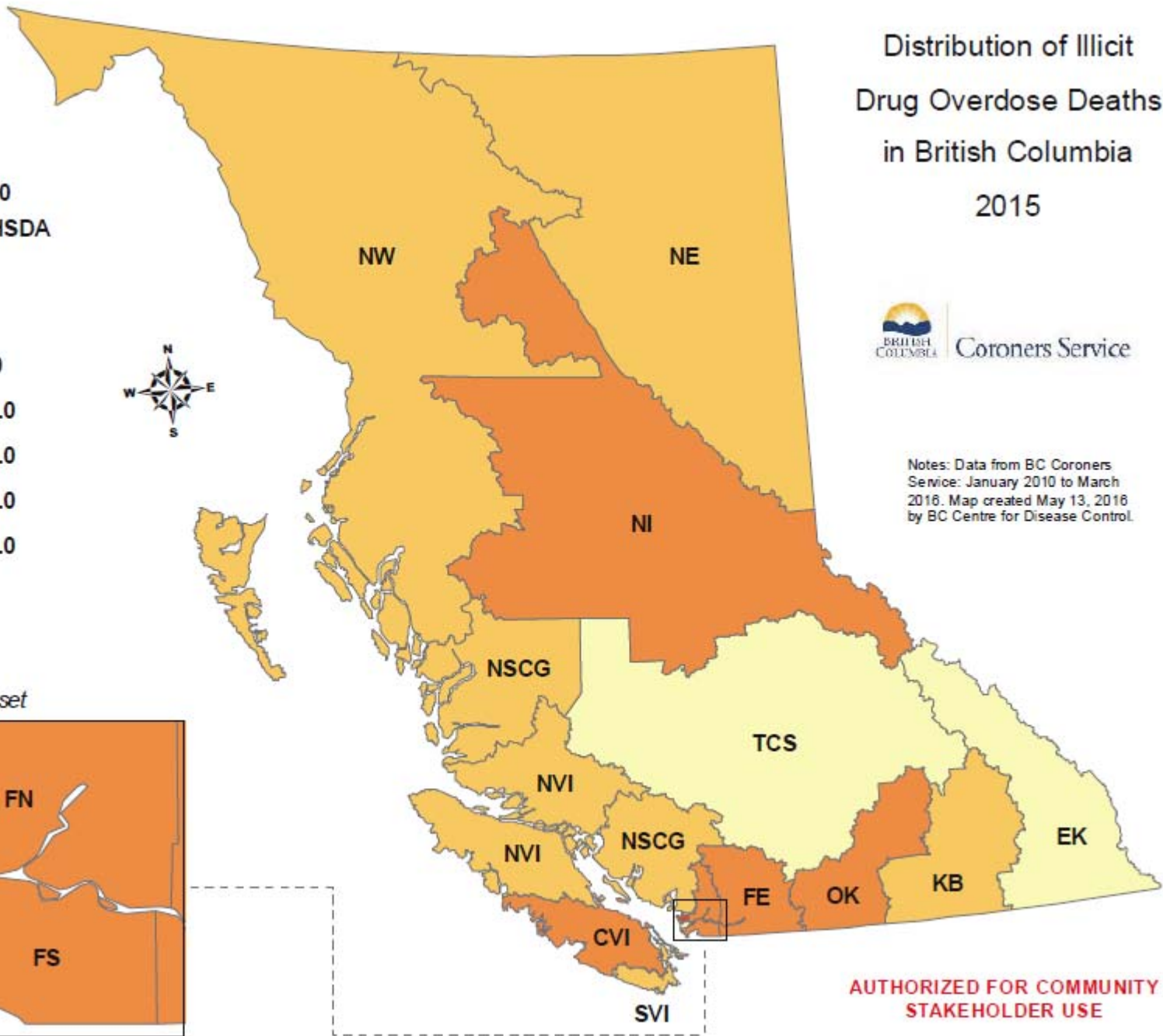
BC Centre for Disease Control
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Distribution of Illicit Drug Overdose Deaths in British Columbia 2015



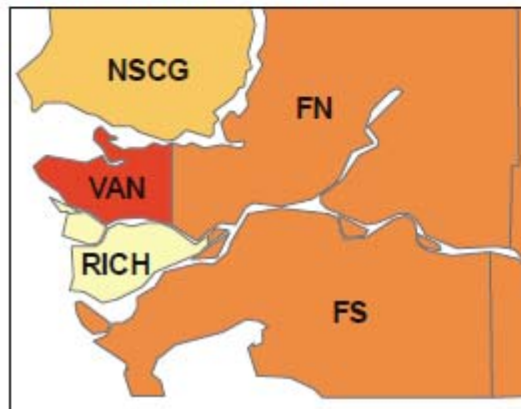
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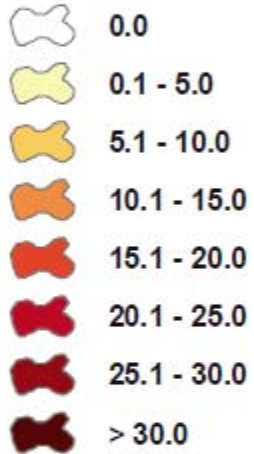
BC Centre for Disease Control
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Distribution of Illicit Drug Overdose Deaths in British Columbia 2016



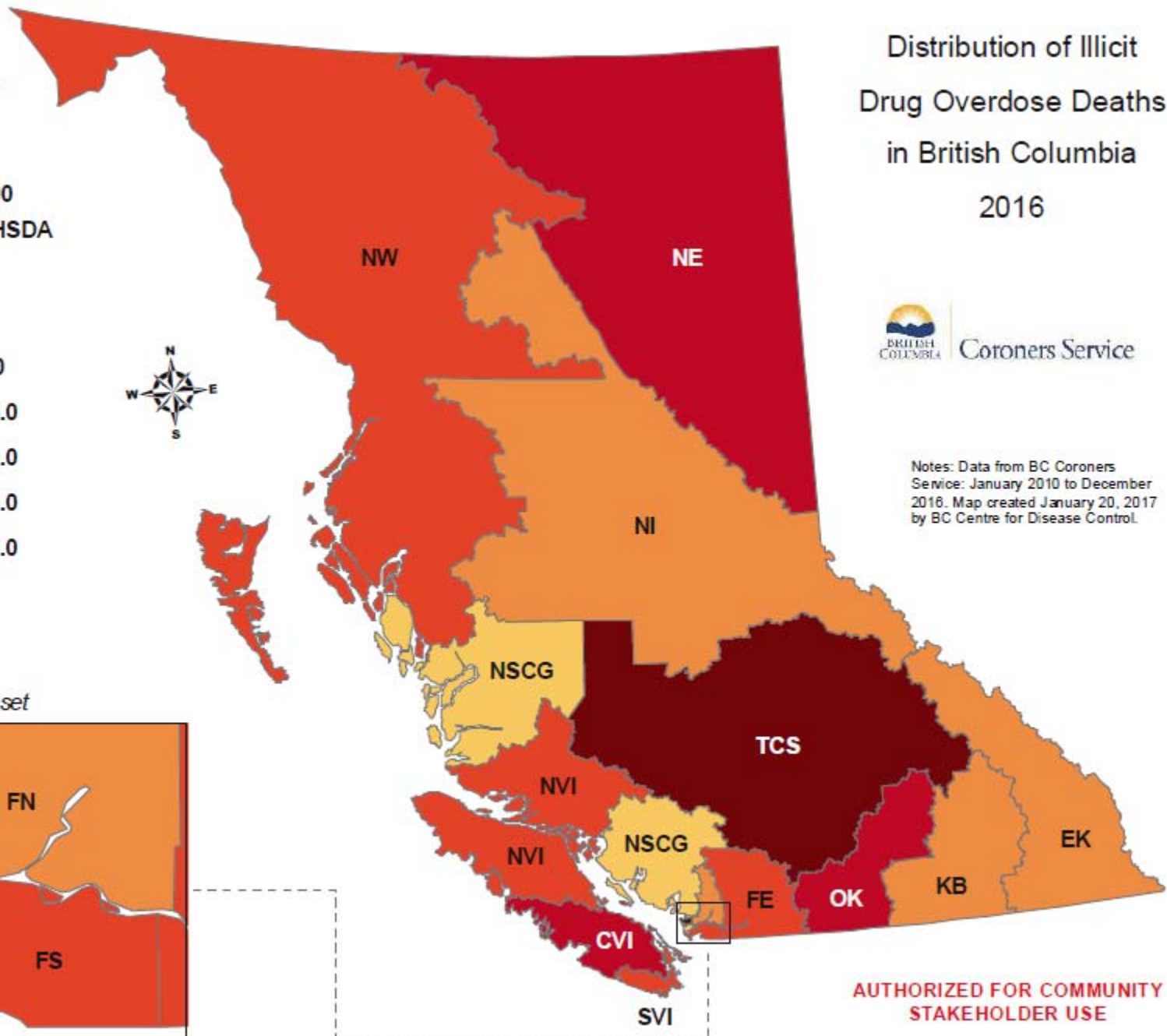
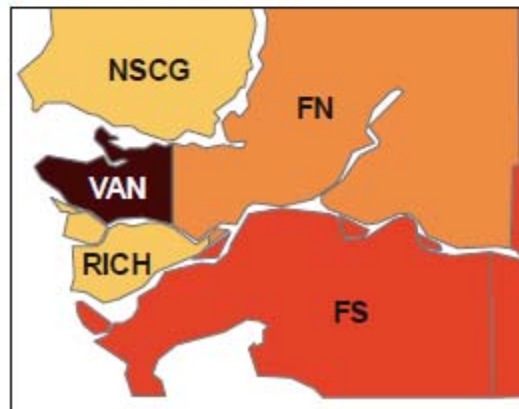
Coroners Service

Rate per 100,000
population by HSDA



Notes: Data from BC Coroners Service: January 2010 to December 2016. Map created January 20, 2017 by BC Centre for Disease Control.

Greater Vancouver Inset



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STAKEHOLDER USE



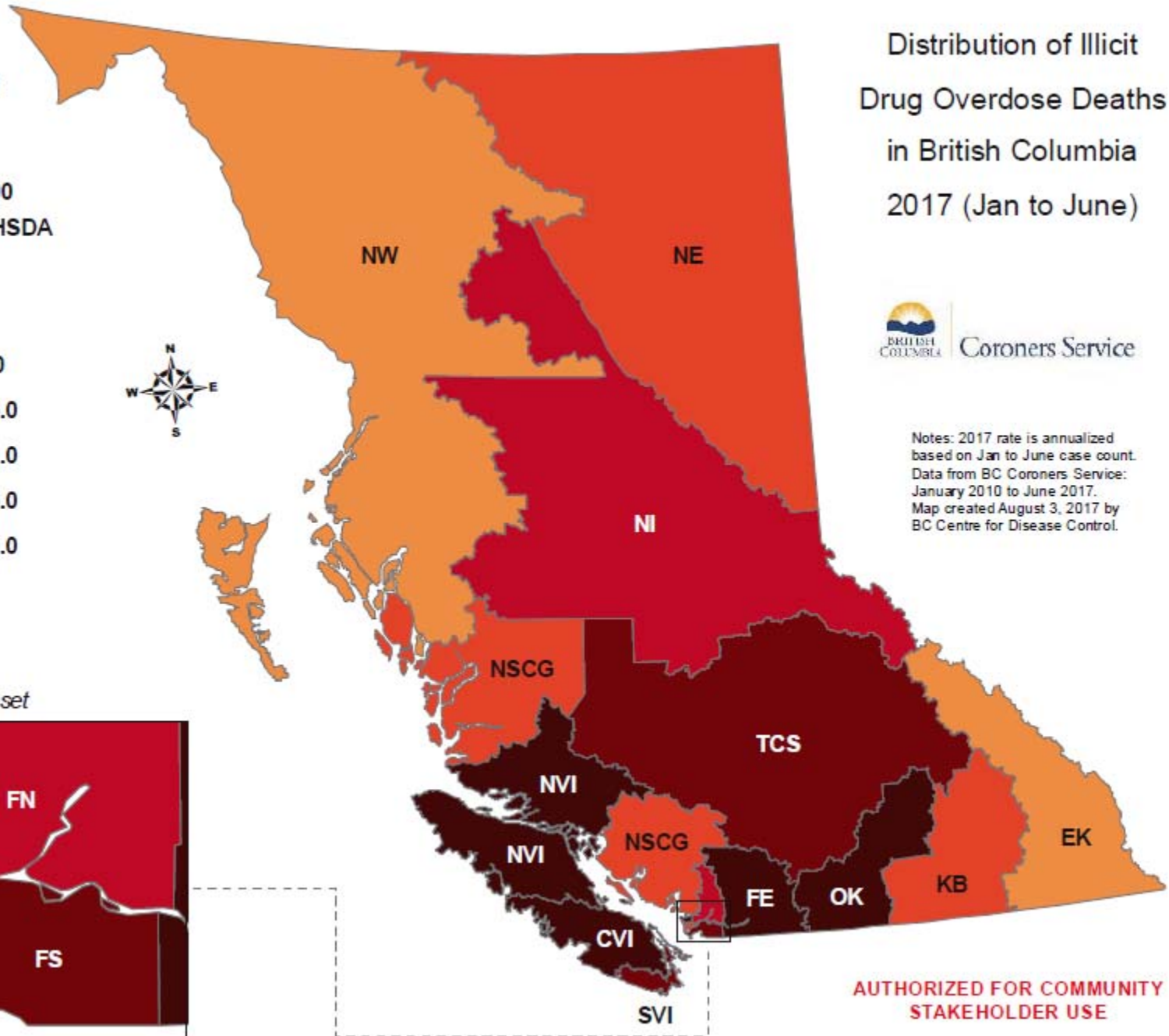
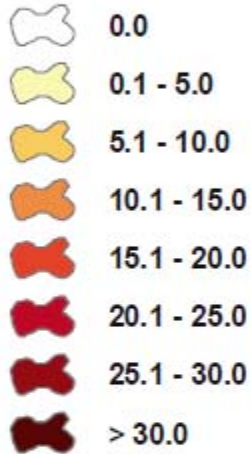
BC Centre for Disease Control
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Distribution of Illicit Drug Overdose Deaths in British Columbia 2017 (Jan to June)



Coroners Service

Rate per 100,000 population by HSDA



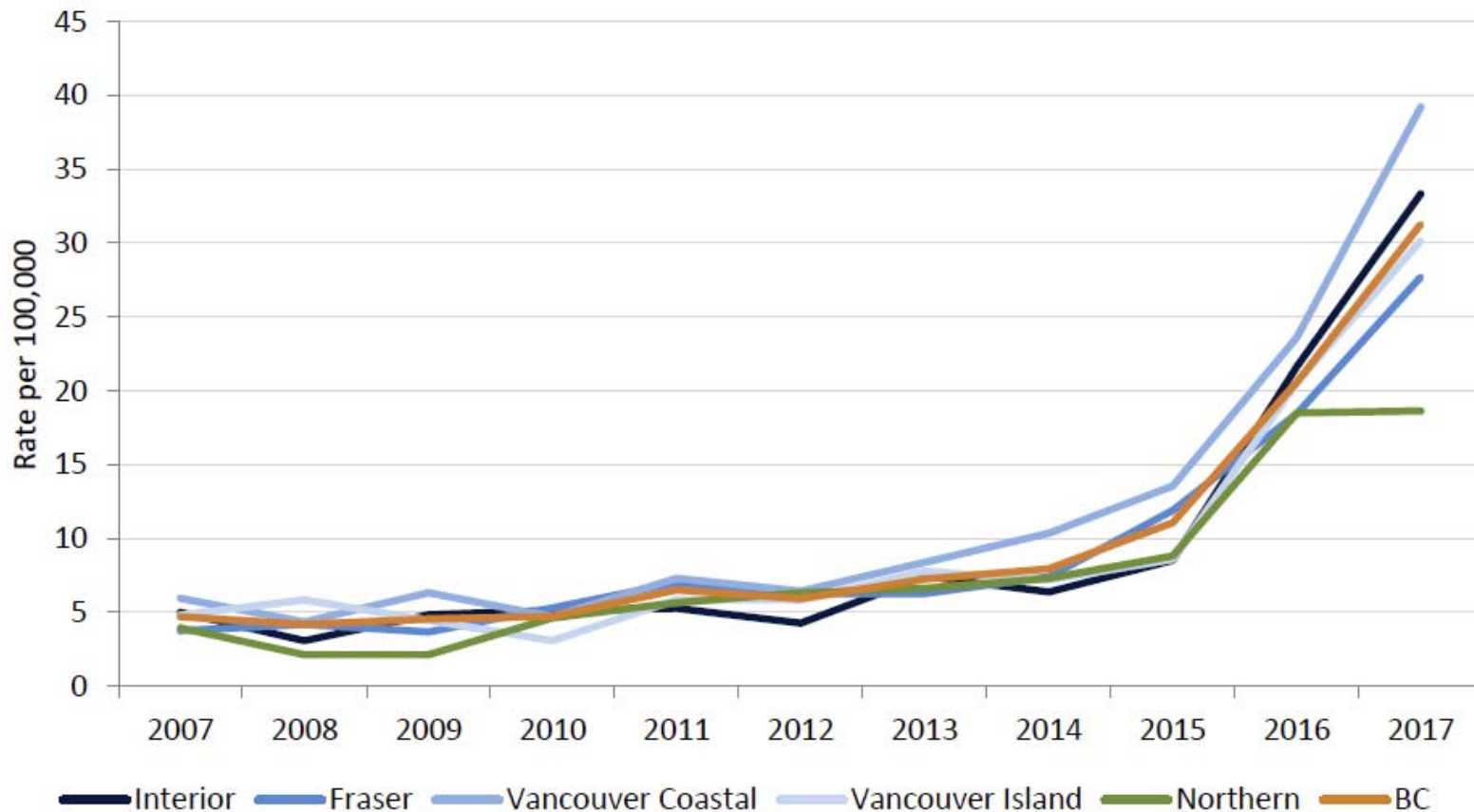
Notes: 2017 rate is annualized based on Jan to June case count. Data from BC Coroners Service: January 2010 to June 2017. Map created August 3, 2017 by BC Centre for Disease Control.

Greater Vancouver Inset



AUTHORIZED FOR COMMUNITY STAKEHOLDER USE

Illicit drug death rates by health authority



Provisional - will change as cases are closed; Data to July 31, 2017
<http://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports> BCCS Sep 7, 2017

Public Health Emergency Declared

April 14th, 2016 BC Provincial Health Officer declared a Public Health Emergency under section 52 of the *Public Health Act* in response to the rise in opioid overdoses:
<https://t.co/fwEwCkmmx0>

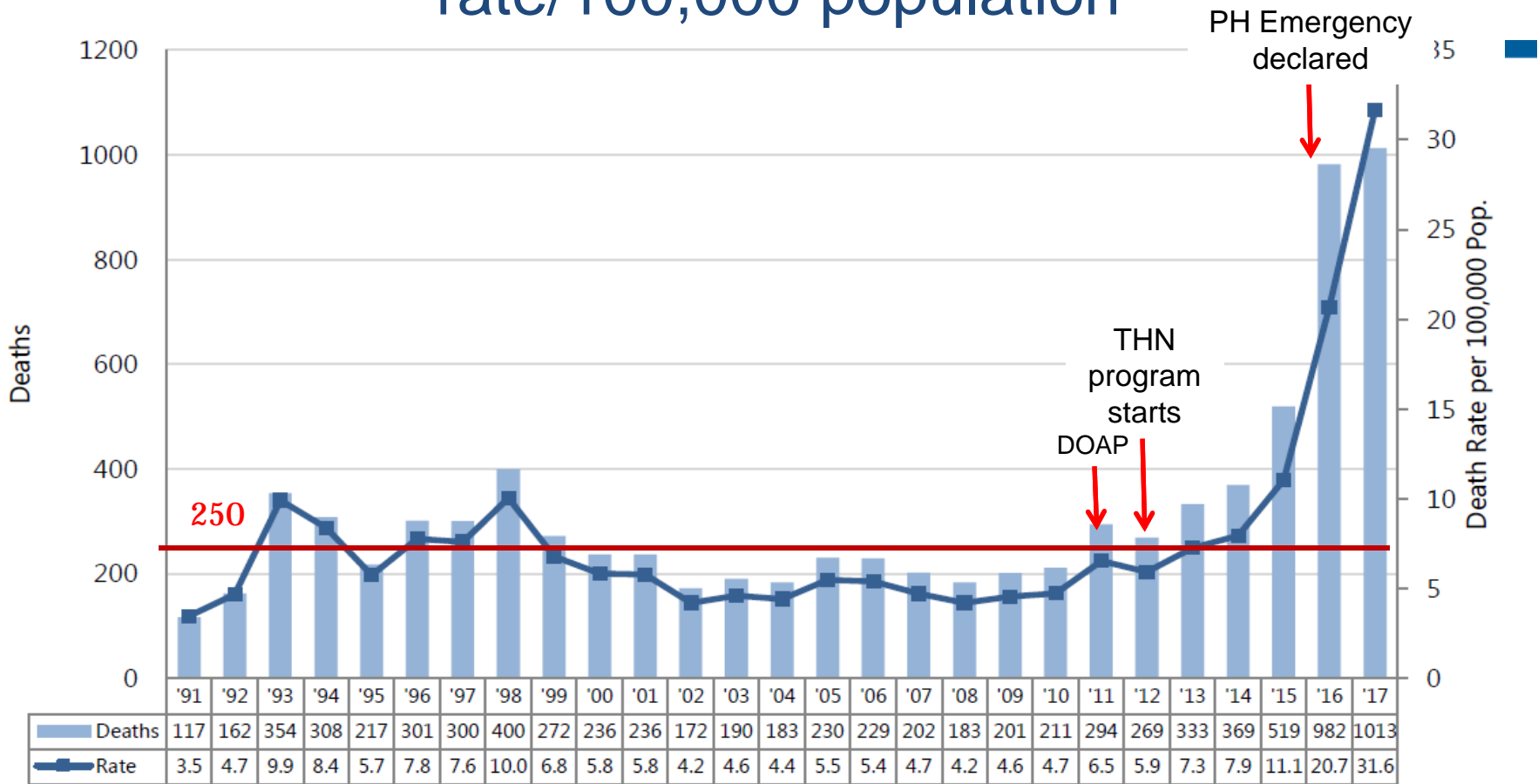
The first time the provincial health officer has served notice under the public health Act to exercise emergency powers.

“The action will allow medical health officers throughout the province to collect more robust, real-time information on overdoses in order to identify immediately where risks are arising and take proactive action to warn and protect people who use drugs.”

Public health emergency outcomes

- **Funding**, data linkage and overdose prevention services

Illicit drug overdose deaths (IDD) and death rate/100,000 population



Provisional will change as cases closed; BCCS Oct 12, 2017

<http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>

Data to Aug 31, 2017

Where have deaths occurred?

	2016	2017
Inside:		
Private Residence	602 (61.6%)	508 (58.0%)
Other Residence	229 (23.4%)	232 (26.5%)
Other Inside	41 (4.2%)	40 (4.6%)
Outside	97 (9.9%)	91 (10.4%)
Unknown	9 (0.9%)	5 (0.6%)
Total	978	876

89% inside locations

Private residence: driveways, garages, trailer, own/another's residence

Other residence: hotels, motels, shelters, rooming house etc

Other inside: facilities, occupational sites, public buildings and businesses

Outside: vehicles, streets/sidewalks, public parks, woods, camp grounds

Provisional – subject to change as cases closed; Data to July 31, 2017

<http://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports>

BCCS Sep 7, 2017

Who has died in 2017?

82% male

74% aged 30-59yrs

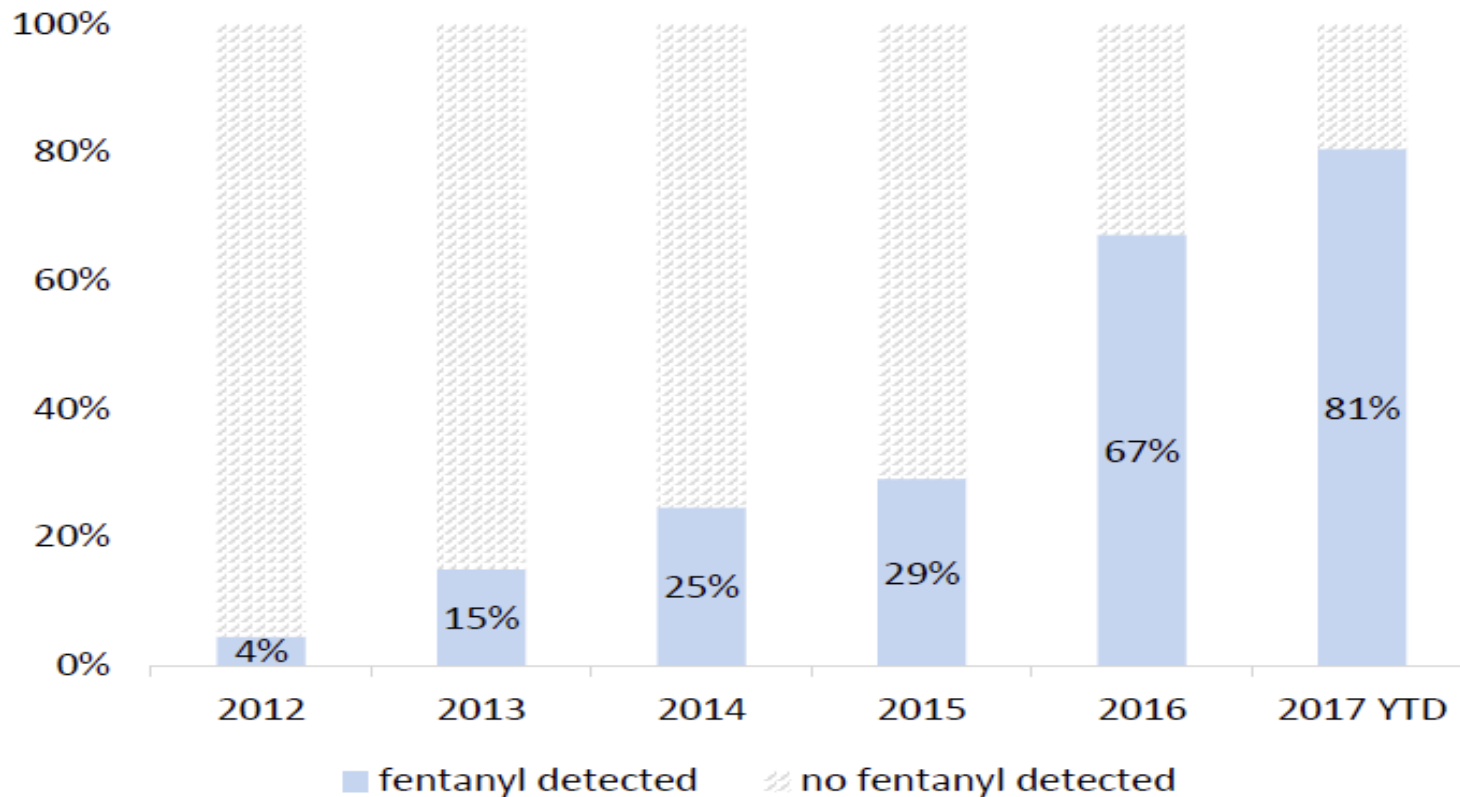
Age group (yrs)	# deaths	%
10-18	12	1.4
19-29	154	17.6
30-39	262	29.9
40-49	208	23.7
50-59	175	20.0
60-69	60	6.8
70+	5	0.6

Provisional – subject to change as cases closed; Data to July 31, 2017

<http://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports>

BCCS Sep 7, 2017

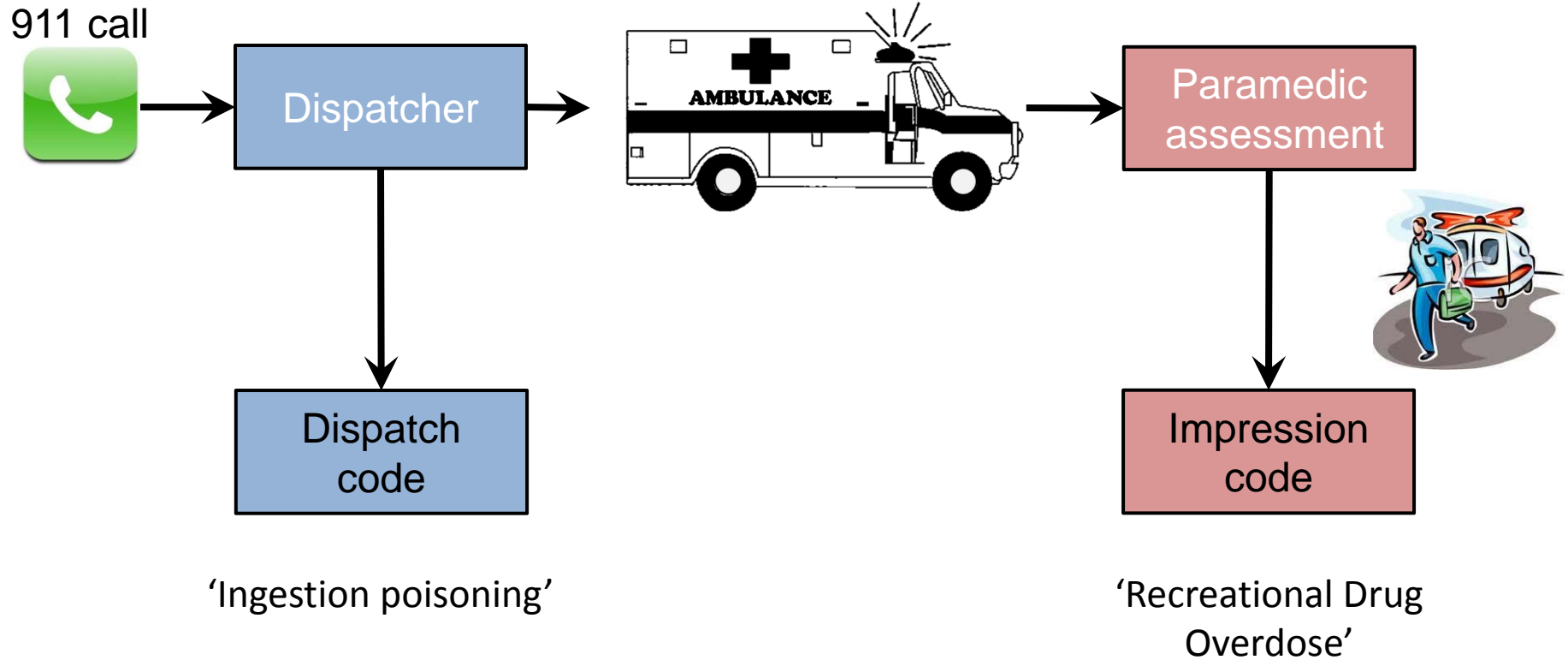
Percentage of illicit drug deaths in which fentanyl detected in BC



Provisional – subject to change as cases closed; Data to July 31, 2017

<http://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports>

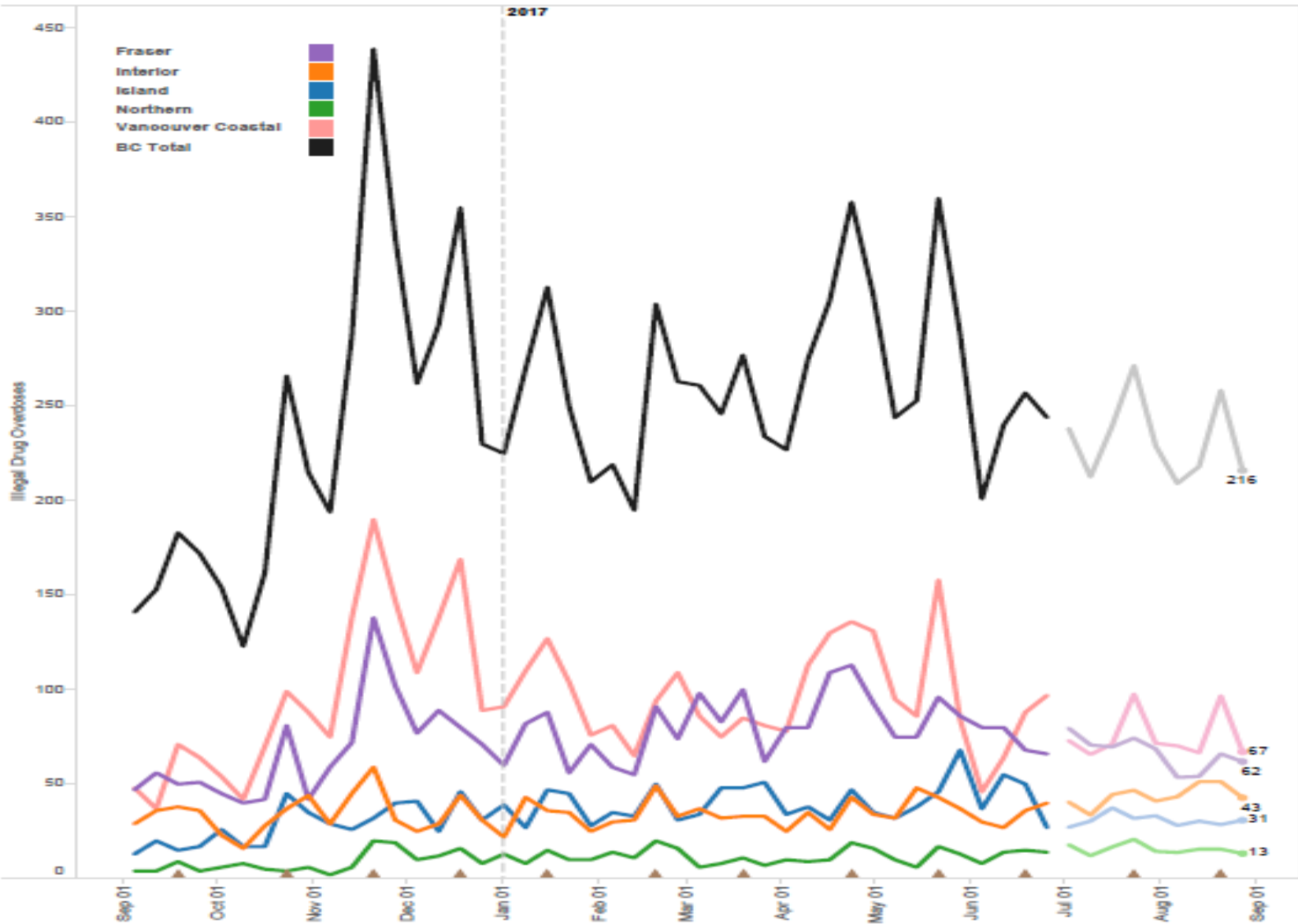
BCCS Sep 7, 2017



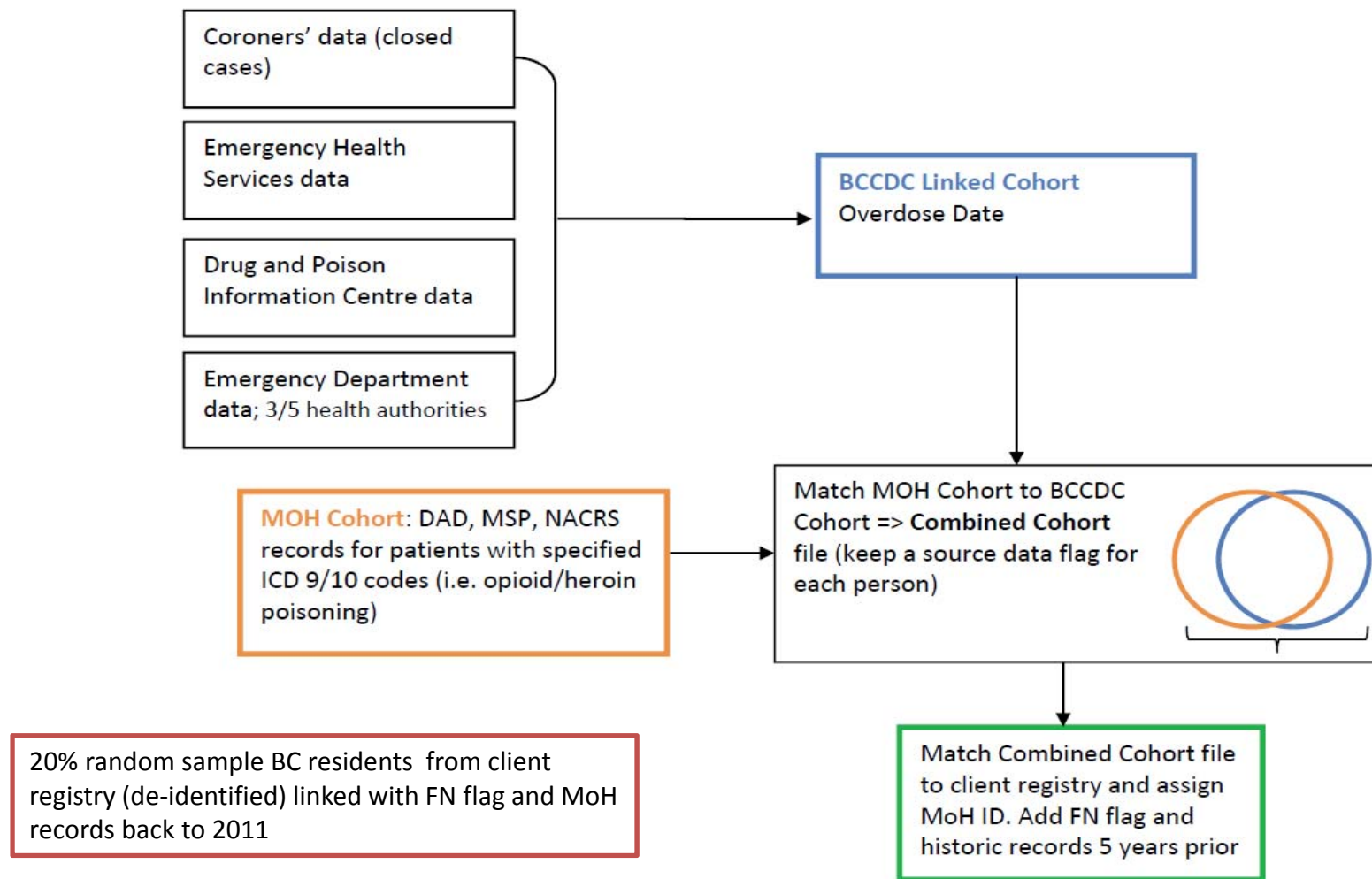
BC Ambulance Service

Dates indicate the start of the week (Sunday)

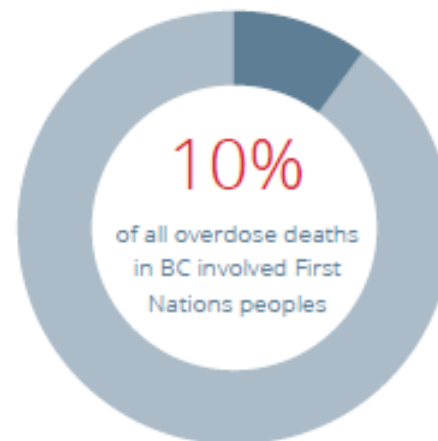
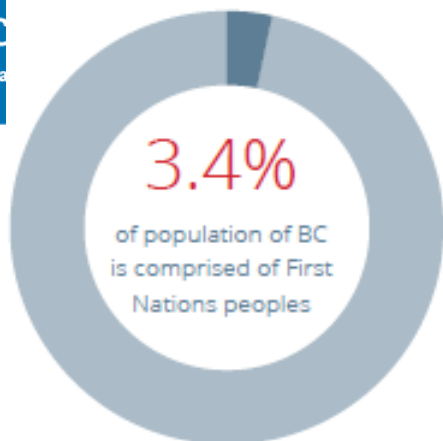
Weekly Illegal Drug Overdoses Attended by BCAS in Previous 12 Months - **Cheque Weeks Marked in Brown Triangles**



Overdose data linkage flow diagram



DATA FROM OVERDOSE EVENTS IS TAKEN FROM JANUARY 31, 2015 - NOVEMBER 30, 2016
DATA FROM OVERDOSE DEATHS IS TAKEN FROM JANUARY 31, 2015 - JULY 31, 2016



First Nations people are **5X** more likely than non-First Nations to experience an overdose event

First Nations people are **3X** more likely than non-First Nations to die due to an overdose



THE OPIOID EMERGENCY HAS EQUALLY AFFECTED FIRST NATIONS MEN AND WOMEN

Across BC, First Nations population overdose events have affected: **52% men** and **48% women**.

Non-First Nations overdose events in BC have affected: 71% men | 29% women

FIRST NATIONS OF ALL AGES ARE AT A HIGHER RISK OF OVERDOSE EVENTS AND DEATH

1,903 First Nations OD Events between January 1, 2015 - November 30, 2016

60 First Nations OD Deaths between January 1, 2015 - July 31, 2016





OVERDOSES ARE HAPPENING IN YOUR COMMUNITY

Learn more:

gov.bc.ca/overdose or call 8-1-1



CARRY A NALOXONE KIT



CALL 8-1-1



#STOPOVERDOSE

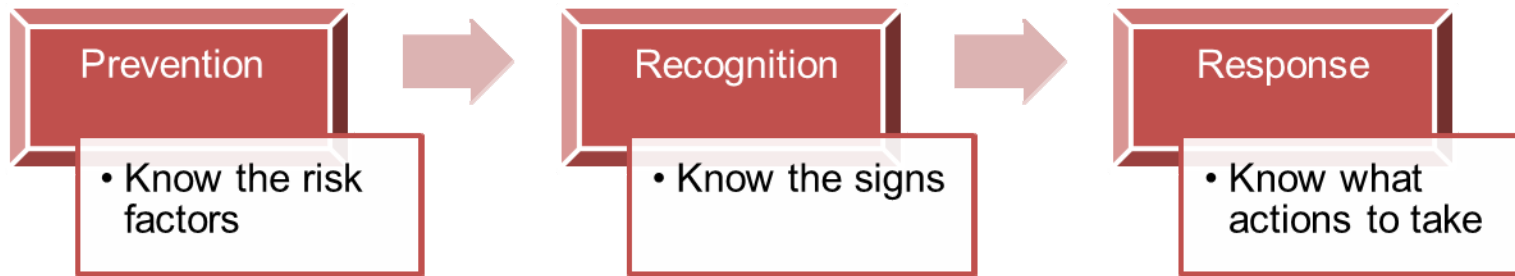


ServiceBC

Awareness and Education



BC comprehensive overdose program



OVERDOSE SURVIVAL GUIDE

TIPS TO SAVE A LIFE

PREVENTION

OVERDOSE IS MOST COMMON WHEN:

- Your tolerance is lower: you took a break, were in detox/treatment or jail, or you are new to use
- You have been sick, tired, run down, dehydrated or have liver issues
- You mix drugs: prescribed or not, legal or illegal
- The drugs are stronger than you are used to: changes in supply, dealer, or town

TO PREVENT OVERDOSE:

- Know your health status and your tolerance
- Do not mix drugs and alcohol. If you do mix, choose to use drugs before alcohol
- Be aware: using drugs while on prescribed medications can increase overdose risk
- Don't use alone. Leave door unlocked. Tell someone to check on you
- Do test to check strength. Use less. Pace yourself
- Talk to an experienced person or a trusted healthcare provider about reducing risk
- Know CPR and get trained on giving naloxone
- Choose a safer route of taking drugs

THE RECOVERY POSITION

KEEP THE AIRWAY CLEAR

Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking. Call 911 for help.

CHOOSE A SAFER ROUTE

SAFER / NO USE	SWALLOWED	SHORTED / SMOKED / INSERTED	INJECTED	MORE LIKELY TO OVERDOSE

OVERDOSE? → TAKE CHARGE. → TAKE CARE.

OPIOIDS / DEPRESSANTS (e.g., opioids: morphine, dilaudid, heroin / depressants: alcohol, GHB, benzodiazepines)

FEELS AND LOOKS LIKE:	IN CASE OF OPIOID OVERDOSE:	SAVE ME
<ul style="list-style-type: none"> Person cannot stay awake Can't talk or walk Slow or no pulse Slow or no breathing, gurgling Skin looks pale or blue, feels cold Pupils are pinned or eyes rolled back Vomiting Body is limp No response to noise or knuckles being rubbed hard on the breast bone 	<ul style="list-style-type: none"> Stay with person. Use their name. Tell them to breathe Call 911 and tell them person is not breathing. When paramedics arrive tell them as much as you can about drugs and dose Use naloxone if available. Naloxone only works on opioid overdose After naloxone a person might feel withdrawal. Do not take more drugs. Sick feeling will go away when naloxone wears off (30 – 75 minutes). Be aware: overdose can return 	<p>S stimulation Can you wake them up? If not, call 911</p> <p>A airway Make sure there's nothing in their mouth that stops them from breathing. Breathe for them. (Pug nose, tilt head back, and give 1 breath every 5 secs)</p> <p>V ventilate Are they any better? Are you trained to give naloxone?</p> <p>M muscular injection Inject 1cc of naloxone into a muscle</p> <p>E evaluate & support Is the person breathing on their own? If they're not awake in 5min, another 1cc dose is needed. Tell the person not to use any more drugs right now – wait at least 2 hours.</p> <p>This is proven to work. Other remedies can actually be harmful.</p>

STIMULANTS (e.g., cocaine, methamphetamine, ecstasy)

FEELS AND LOOKS LIKE:	ASSESSMENT: ARE THEY EXPERIENCING A OR B?
<ul style="list-style-type: none"> Fast pulse or no pulse Short of breath Body is hot/sweaty, or hot/dry Confusion, hallucinations, unconscious Clenched jaw Shaky Chest pain Seizures Vomiting Cannot talk or walk 	<p>A: MENTAL DISTRESS/OVERAMP Associated with: sleep deprivation, crashing, anxiety, paranoia. If a person is conscious, and you are sure this is not medical in nature, they may just need support and rest. Call Poison Control to help assess.</p> <p>WHAT TO DO:</p> <ul style="list-style-type: none"> Keep calm. Stay with person. Use their name Give water or fluid with electrolytes. Do not overhydrate Place cool, wet cloths under: armpits, back of neck, and head Open a window for fresh air Get them comfortable. Move away from activity If aggressive/paranoid suggest they close their eyes, give person space Encourage person not to take any other substances
<p>There are NO medications to safely reverse a stimulant overdose.</p>	<p>B: PHYSICAL DISTRESS/ACUTE STIMULANT TOXICITY Medical attention is required immediately if person has:</p> <ul style="list-style-type: none"> Jerking or rigid limbs Rapidly escalating body temperature and pulse In and out of consciousness Severe: headache, sweating, agitation Chest pains <p>WHAT TO DO:</p> <ul style="list-style-type: none"> Call 911 Stay with person Keep person: conscious, hydrated, calm If heart has stopped do 'hands-only' CPR Tell medical professionals as much as possible

PAMPHLET INFORMATION BC Harm Reduction Program:
Tel: 604.707.2400 e-mail: outreach@towardtheheart.com

OVERDOSE INFORMATION: Poison Control Centre (24 hrs)

Safer Drug Use Tips



Have a Buddy

Use with someone you trust. Use an overdose prevention sites if available. If you do use alone, make sure there is someone who can check on you and call for help if needed.



Start low, go slow.

Test a small amount first, then go slowly.



Use one drug at a time

Using more than one substance increases risk of overdose. Mixing your drugs (including prescription drugs) with other substances, or with alcohol is dangerous.

If you do mix, use less than you normally would and go slowly.



Be aware of your health and tolerance.

Being sick, run down, sleep deprived or having a chronic illness can increase risk of overdose.

Changes in your tolerance after a period of non-use, or if you are using a substance for the first time also increases the risk of overdose.



Have an overdose plan. Carry naloxone

Discuss with the people you are using with what you will do in case an overdose happens. Make a plan, get trained and carry naloxone.



Know the Signs



Not Responding

Doesn't move and can't be woken.



Slow or Not Breathing

A breath every 5 seconds is normal.



Making Sounds

Choking, gurgling sounds or snoring



Blue Lips & Nails



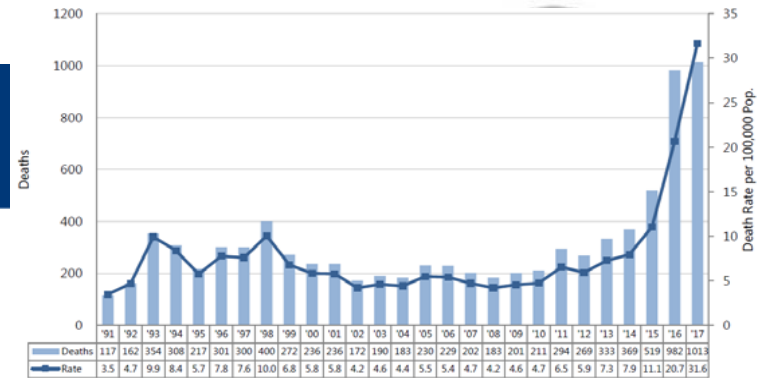
Cold or Clammy Skin



Tiny Pupils

Overview

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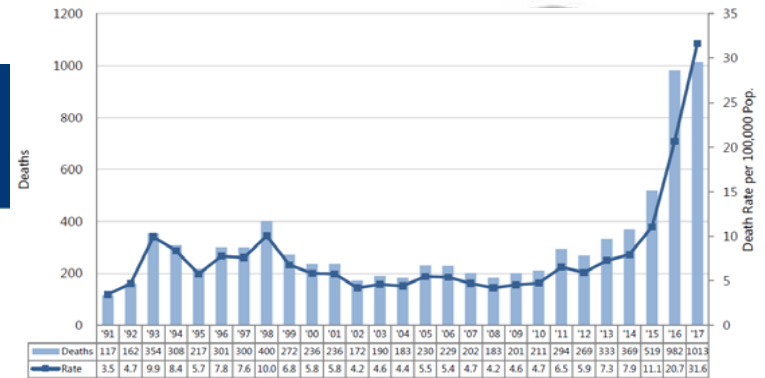


- !!! New opioid prescribing guidelines may have unintended consequences
- ✓ Improve methadone and buprenorphine/naloxone access (physician training, costs etc)
- ✓ Injectable-opioid treatment (diacetylmorphine and hydromorphone)

Cross Town clinic; Pier Pharmacy

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 - Reduce stigma
 - Decriminalization



Ministry Directives:

Overdose Prevention Services

Dec 9, 2016 Ministerial order under Emergency Health Services Act and Health Authority Act

- Temporary safe spaces for people who use drugs to be monitored in case of overdose
- 24 Sites throughout the province
- Sites vary between and within region
 - Supportive housing facilities
 - Existing harm reduction/drop-in sites
 - New stand alone sites
- Collect minimum data
- 2,000 ODs reversed



Supervised Consumption Sites

Fraser Health opens 2 sites June 2017

Illegal substances can be snorted or swallowed as well as injected
Each has 7 booths, 7am-1am, 7days/wk

1) Safe Point; 135A Street, Surrey



Photo credit Georgia Straight

2) Quibble Creek Sobering and Assessment Centre

Supervised Consumption Sites

Vancouver opens Powell St Getaway July 28, 2017

Sep 2017: Illegal substances can be snorted or swallowed as well as injected



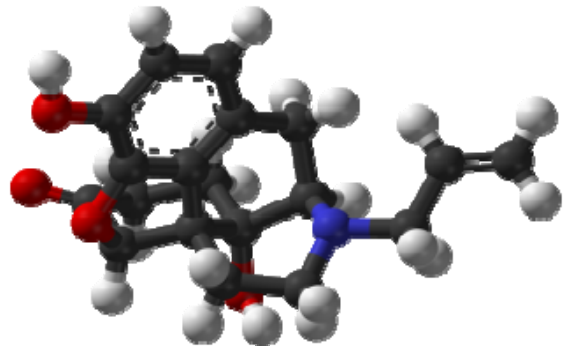
Photo VCHnews.ca



One line is positive for fentanyl, two lines is negative for fentanyl

Fentanyl checking expanding to more VCH sites

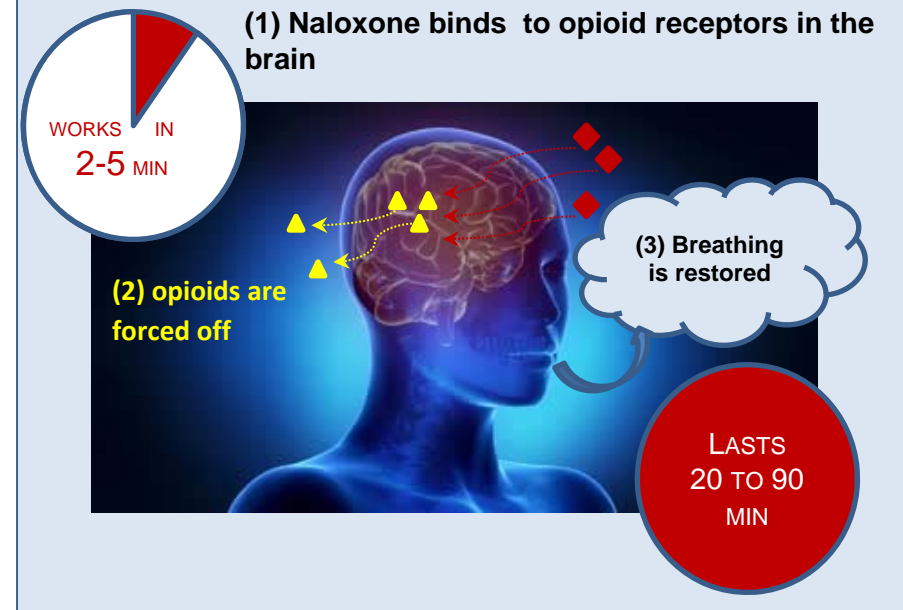
The pilot project at Insite offering a free fentanyl checking service is expanding to offer more locations for clients. People can now check their drugs for fentanyl at any of Vancouver's four overdose prevention sites and Powell Street Getaway supervised injection service, in addition to Insite. If you have clients in the Vancouver area who use illicit substances please let them know about this life-saving service.



Naloxone

- Opioids depress breathing; become unconscious, breathing stops, brain damage and death
- Naloxone - opioid antidote temporarily reverses opioid OD
- No pharmacologic action in absence of opioids

How does **NALOXONE** work?



BC Take Home Naloxone kit

- Program evaluation qual and quant - youth
- Input from Community Advisory Board

Case - changes with input
Proud to carry naloxone
White zip - easy find in bag
Belt hook – easy to carry

Silver cross

Contents

Amp snappers
3 amps naloxone 0.4mg/ml
3 safety needles
Breathing barrier





Site Locator

Where are you?

Distance
5km

What supplies are you looking for?
Naloxone

Search Reset

Locations

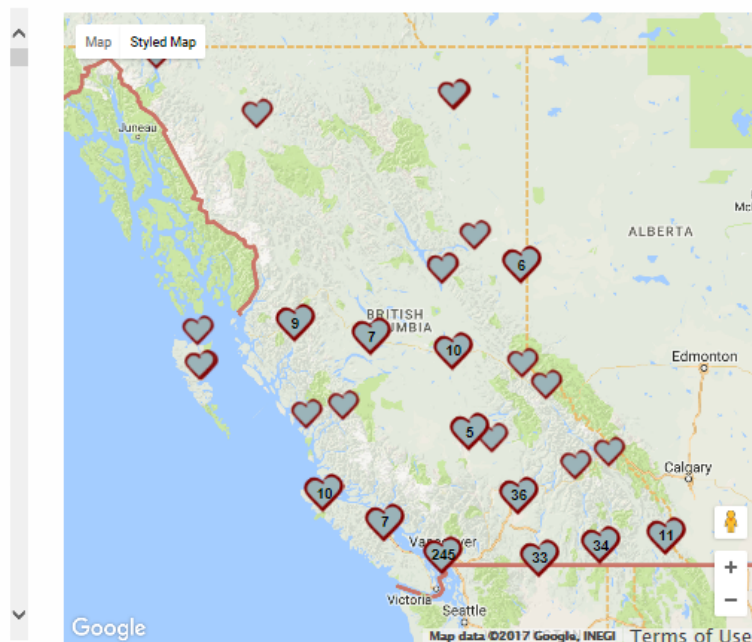
AIDS Prevention – Needle Exchange – Prince George
1108 3rd Ave
Prince George BC, V2L 3E5
[Zoom To](#)

Dawson Creek Health Unit
1001 – 110th Ave
Dawson Creek BC, V1G 4X3
[Zoom To](#)

Quesnel Public Health Unit
511 Reid St
Quesnel BC, V2J 7C9
[Zoom To](#)

Terrace HU
3412 Kalum St
Terrace BC, V8G 4T2
[Zoom To](#)

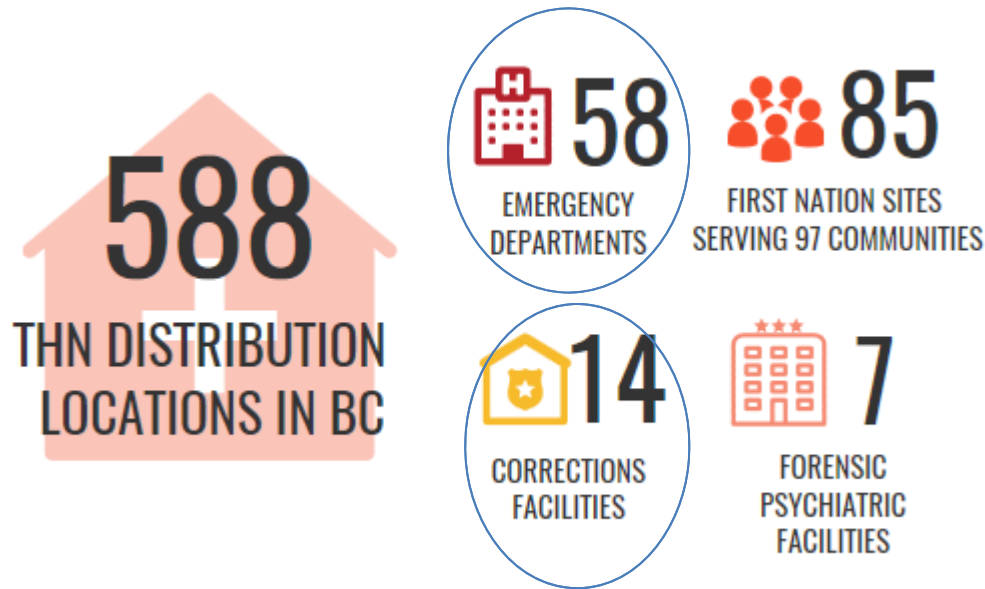
Map



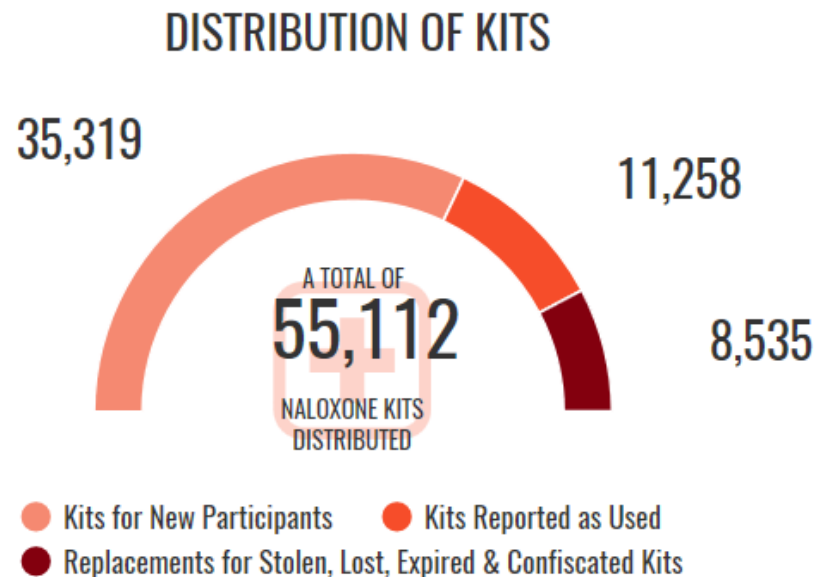
About 1,000
views/month

<http://towardtheheart.com/site-finder>

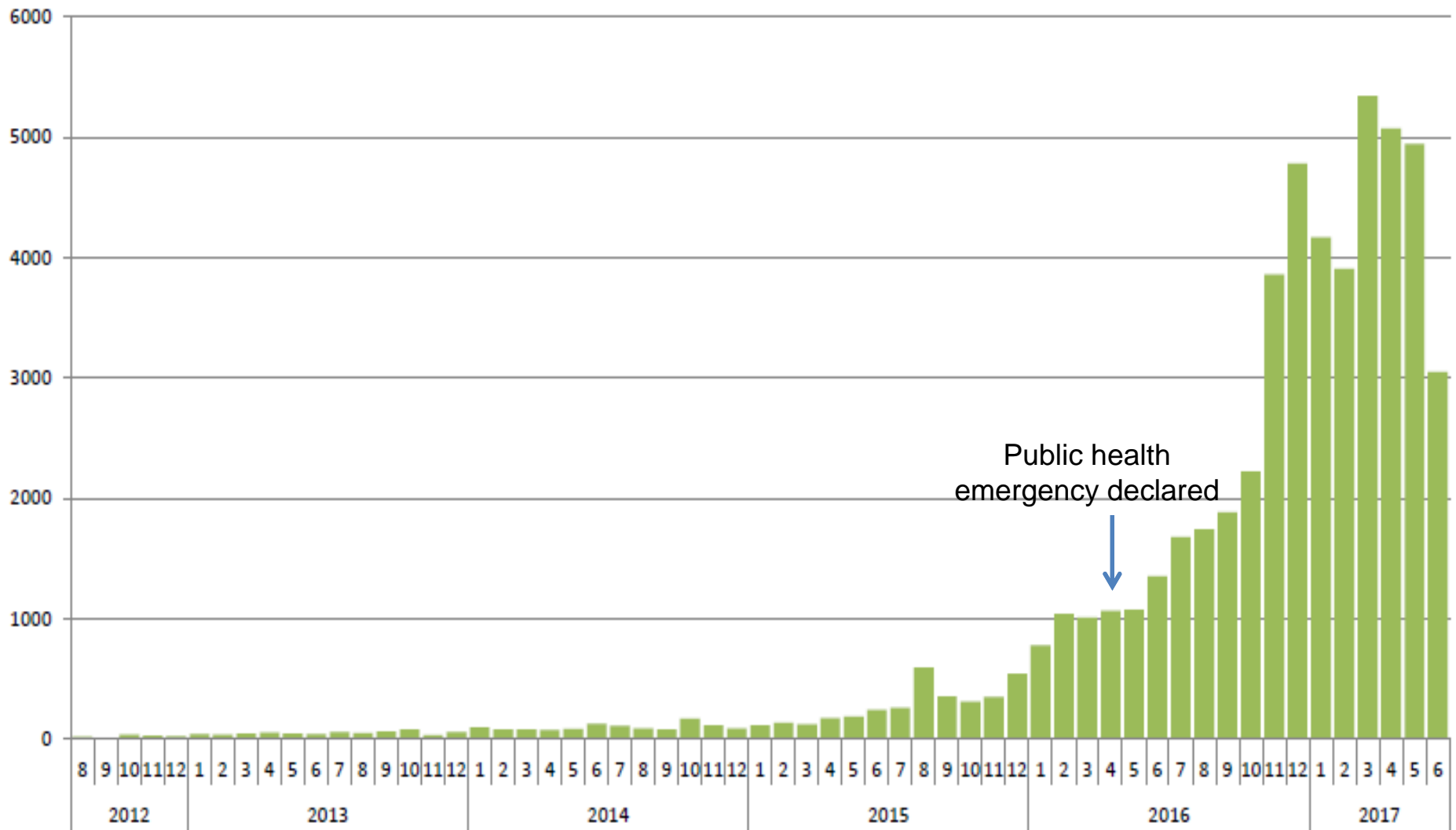
BC take home naloxone sites



<http://towardtheheart.com/naloxone/>



**THN Kits Distributed per Month through the
BC Take Home Naloxone Program,
August 2012 to June 2017 (data updated September 30th, 2017)**



BC Take Home Naloxone Program

	Sept - Dec 2012	2013	2014	2015	2016	2017*	Total
Sites Enrolled (Active)	6	27	28	46	299	184	590
Kits Distributed**	107	622	1,199	3,394	22,494	27,296	55,112
THN Kits administration events***	5	36	126	428	4,293	6,370	11,258

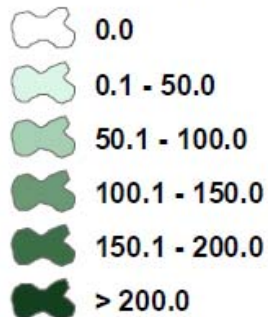
* based on data entered to September 30th, 2017

** 200 dispensation records missing date

***based on kit refills for reason: used on self or other for to reverse an overdose;
2 reversals have no year

Take Home Naloxone Refills (Due to Usage) in British Columbia 2017 (Jan to June)

Rate per 100,000 population by LHA

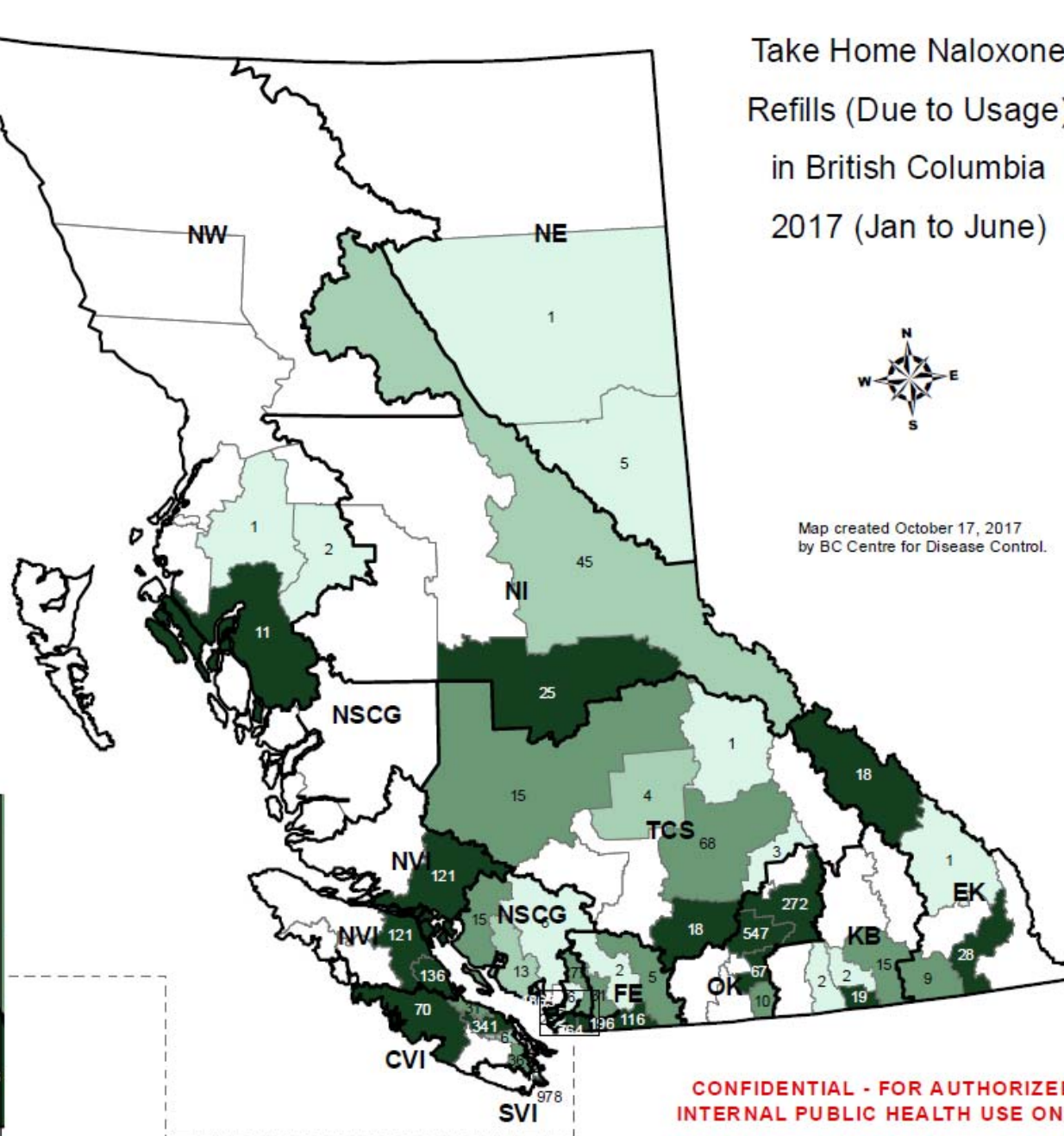
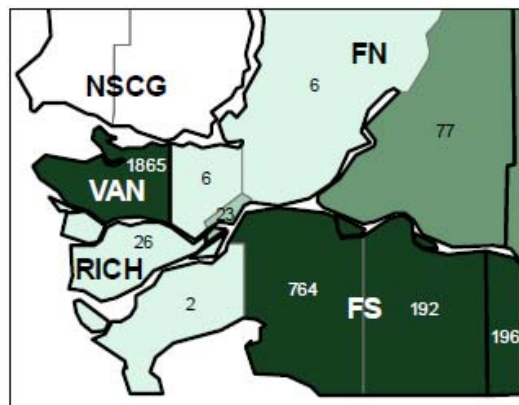


n = number of Take Home Naloxone kit refills (due to usage) based on forms returned to public health



Map created October 17, 2017
 by BC Centre for Disease Control.

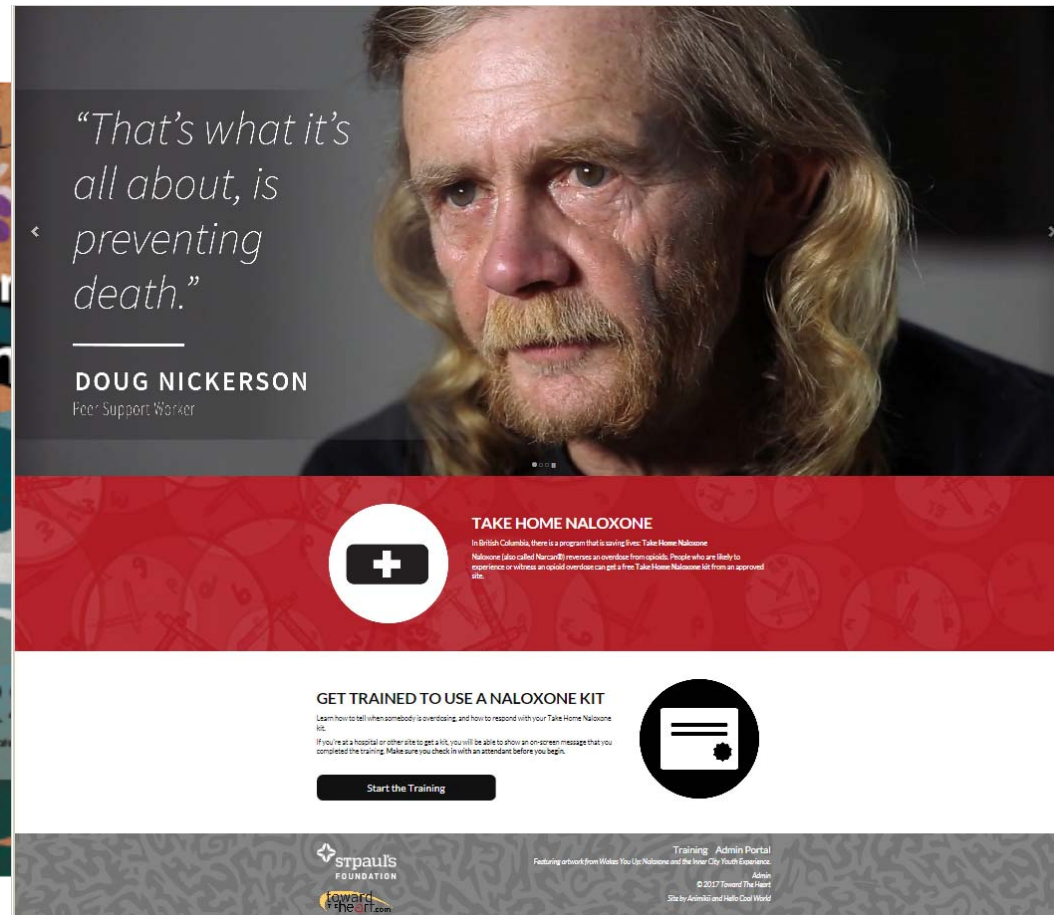
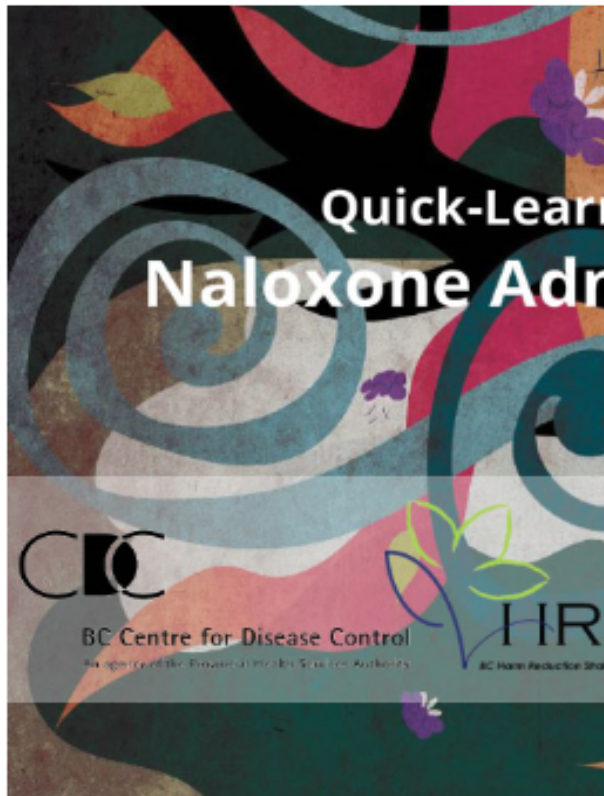
Greater Vancouver Inset



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Need for training resources

****NEW**** Naloxone Administration Quick-Learn Lesson

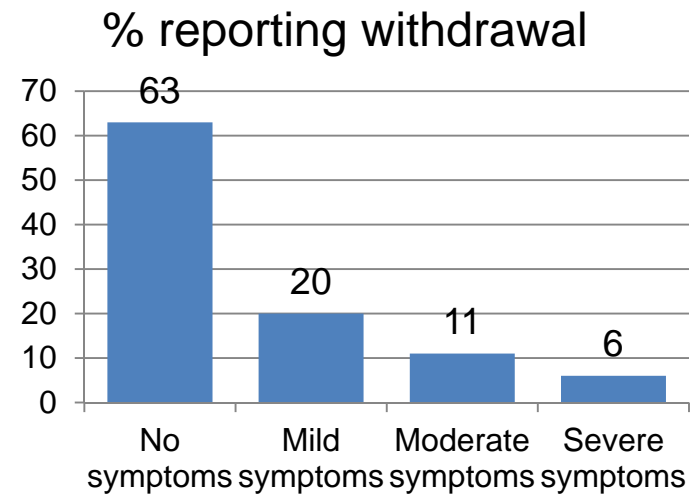


New App

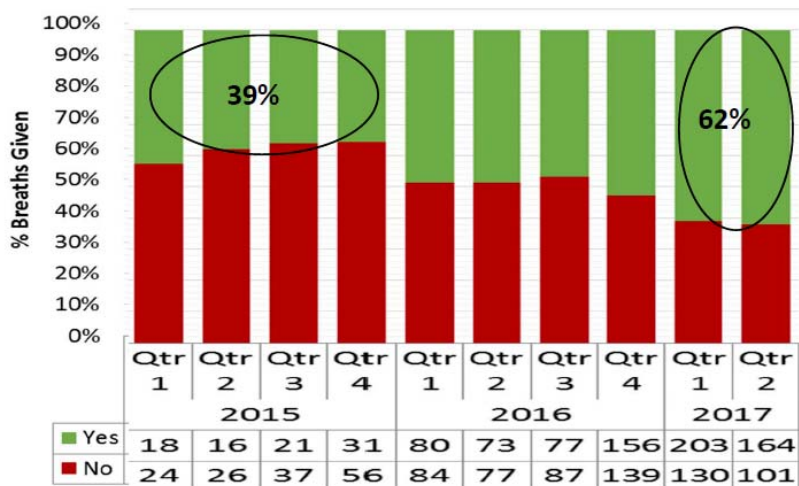
The BC Centre for Disease Control has developed a new online e-learning lesson outlining what to do if you witness or suspect an opioid overdose.

Correcting myths through data

Naloxone always causes withdrawal



% report giving breaths



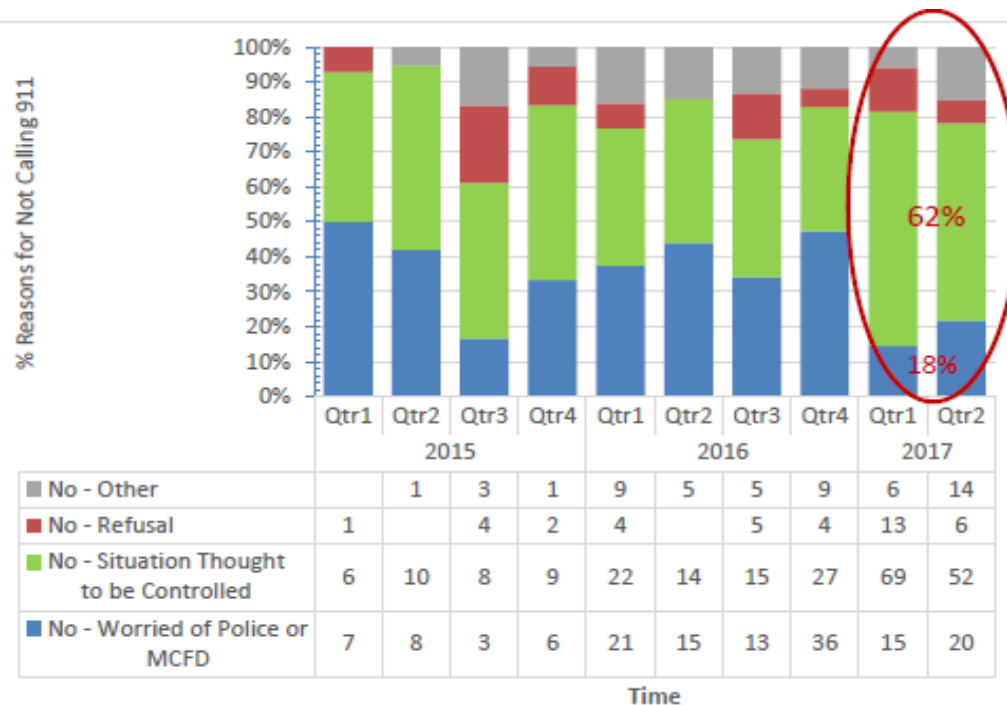
Lay responders won't give breaths

In 2017 – 20% reporting no breaths given as were breathing

Correcting myths through data

People are afraid to call 911

% reason not call 911



% report calling 911



VPD don't routinely attend (30%)
Highest rate calling 911

BCEHS no longer routinely inform police re OD, crew can request

THE GOOD SAMARITAN DRUG OVERDOSE ACT IS NOW LAW

THE LAW SAYS:

If you are at the scene of an overdose and you or someone else calls 911 to get medical assistance, **you are not to be charged with simple possession** (possession for your own personal use) of an illegal substance.

You are also **not to be charged for breach of probation or parole** relating to simple drug possession.



IF YOU SUSPECT AN OVERDOSE,

CALL 911

CALLING 911 SAVES LIVES

After calling 911, give **breaths** and **naloxone** if you have it.

Stay with the person until help arrives.



For more information, visit:

http://www.pivotlegal.org/good_samaritan_drug_overdose_act

<http://canada.ca/opioids>



BC Centre for Disease Control

July 18, 2017



Health
authority
solutions.



Facility Overdose Response Box program



Dec 1, 2016

Boxes with 5-20 doses of naloxone and OD supplies given to approved community based organizations

<http://towardtheheart.com/naloxone/forb/program-modules>

Facility Overdose Response Box program

Sites: Non-profit community organizations where people may overdose e.g. shelters, supportive housing, drop-in centres and Friendship Centres

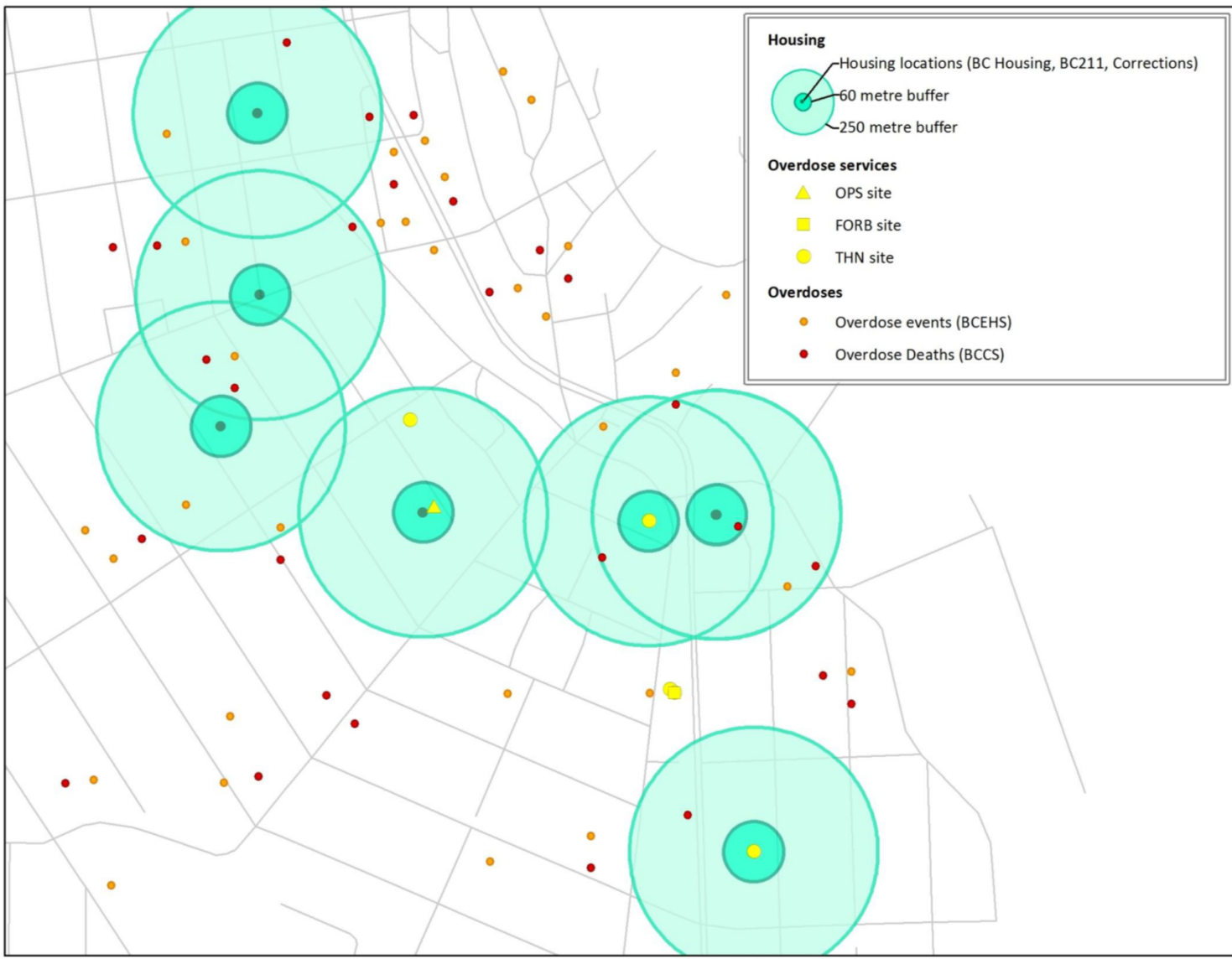
Registered sites commit to

- Develop OD response policy
- Staff training, debriefing & support
- Plan exercises/drills to maintain staff competencies and train new staff
- Documentation to BCCDC: report naloxone use; BCCDC restocks supplies

To date 400 sites registered

<http://towardtheheart.com/naloxone/forb/program-modules>





Ref: Mieke Fraser, Laura MacDougall, Margot Kuo and Sunny Mak

Language matters...

4 guidelines to using non-stigmatizing language

- Engaging people
- Improve access to drugs
- Reduce stigma
 - Respectful Language
 - Decriminalization

1 Use People-first language



Person with a cocaine-use disorder

VS.

Cocaine user OR Addict



2 Use language that reflects the medical nature of substance use disorders



Addictive disease OR
Substance use disorder

VS.

Abuser OR Junkie



3 Use language that promotes recovery



Opted not to OR
Not in agreement with
the treatment plan

VS.

Unmotivated OR
Non-compliant



4 Avoid slang and idioms



Positive test results OR
Negative test results

VS.

Clean test results OR
Dirty test results



VISIT towardtheheart.com/naloxone/ FOR MORE INFORMATION

WORKING TOGETHER | REDUCING HARM

Last Updated-September 30th, 2017



Be there for each other

Dedicated to the memory of people who have lost their lives to overdose.

Watch Video

Share it on   

STAY SAFE

Use overdose prevention sites and supervised consumption services where available



<https://vimeo.com/231898539>



Overview

- Background - overdose crisis
- Public health emergency declared
 - Improving monitoring and surveillance
 - ❖ Who is at risk, how/where to target interventions
 - Before: Preventing overdose before it happens
 - ❖ Awareness and Education
 - ❖ Improve treatment opioid agonist therapy & injectable
 - During: Immediate response to an overdose
 - ❖ Drug use in observed/supervised settings
 - ❖ Training to recognize and respond to OD
 - ❖ Naloxone programs: THN and FORB
- What next?
 - Better access to treatment and safer drugs
 - Engaging people with lived experience
 - Reduce stigma
 - Decriminalization

