Changing Perceptions and Practice - The Experience in British Columbia

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Harm reduction lead BC CDC
Overview

• Background OD crisis
  ➢ Illicit drug deaths and the emergence of fentanyl

• Are attitudes about drug use in BC changing?
  ➢ Consistent messages (DOAP)
  ➢ Media
  ➢ Naloxone can change discourse
  ➢ PWLE as experts and leaders – PEEP evidence based
  ➢ Acknowledgement of need to be compassionate and inclusive: stigma causes deaths
Opioid-related deaths in Canada 2016

Definitions & completeness vary
- BC all unintentional IDD (incl provisional)
- AB opioid deaths only
- SK closed cases only
- QC closed cases (44%)

Distribution of Illicit Drug Overdose Deaths in British Columbia 2010

Rate per 100,000 population by HSDA:
- 0.0
- 0.1 - 5.0
- 5.1 - 10.0
- 10.1 - 15.0
- 15.1 - 20.0
- 20.1 - 25.0
- 25.1 - 30.0
- > 30.0

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

Greater VancouverInset

Authorized for community stakeholder use.
Distribution of Illicit Drug Overdose Deaths in British Columbia 2013

Rate per 100,000 population by HSDA:
- 0.0
- 0.1 - 5.0
- 5.1 - 10.0
- 10.1 - 15.0
- 15.1 - 20.0
- 20.1 - 25.0
- 25.1 - 30.0
- > 30.0

Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 13, 2016 by BC Centre for Disease Control.
Distribution of Illicit Drug Overdose Deaths in British Columbia 2014

Rate per 100,000 population by HSDA:
- 0.0
- 0.1 - 5.0
- 5.1 - 10.0
- 10.1 - 15.0
- 15.1 - 20.0
- 20.1 - 25.0
- 25.1 - 30.0
- > 30.0

Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 13, 2016 by BC Centre for Disease Control.
Distribution of Illicit Drug Overdose Deaths in British Columbia 2017

Rate per 100,000 population by HSDA

- 0.0
- 0.1 - 5.0
- 5.1 - 10.0
- 10.1 - 15.0
- 15.1 - 20.0
- 20.1 - 25.0
- 25.1 - 30.0
- > 30.0

Notes: Data from BC Coroners Service: January 2010 to December 2017. Map created February 6, 2018 by BC Centre for Disease Control.
Public health interventions
Provisional data to Mar 31, 2018 will change as cases closed; Source BCCS, May 10, 2018
Percentage of illicit drug deaths in which fentanyl detected in BC

*Provisional data to Mar 31, 2018, may change as cases closed; Source BCCS, May 10, 2018
Onset and Duration of Action of Opioids: Boyer NEJM 2012

Figure 1. Onset and Duration of Action in Therapeutic Dosing and Overdose of Selected Opioid Analgesic Agents.

Information about the toxic effects of opioid analgesic overdose often must be synthesized from case reports, the clinical observations of medical toxicologists, and forensic data.24-31 The difference between the clinical effects of therapeutic use and poisoning for these selected agents arises from the toxicokinetics of overdose, patterns of abuse, and the variation in drug effects in special populations.
Major Causes of Unnatural Deaths in BC

- Illicit Drug
- Suicide
- Motor vehicle incident
- Homicide

Deaths

Emergence of Fentanyl in BC

Powdered fentanyl mixed with or sold as heroin

- Oct 2014: 31 ODs at InSite (2 days)

Fentanyl Urine Screen Study (FUSS)

- Feb 2015 - 242 participants across BC
- Fentanyl in all regions (29% +ve)
- 73% those +ve unaware took fentanyl

Fake oxy; green monsters

- CDN one side 80 other
- Aug 2015: Deaths in young adults
- Pills seized and tested by police variable fentanyl little to lethal dose

Fentanyl analogues appear

- Late 2016: Carfentanil
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.”

Complex problem needs multi-pronged collaborative solutions
Ministry Directive:

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
- 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

- As of Mar 31st, 2018: 25 OPS sites and 826,064 visits and 5,386 ODs reversed
  No Deaths
Supervised Consumption Sites

**Fraser Health** 2 sites opened June 2017
Illegal substances can be injected, snorted or swallowed
7 booths, 7am-1am, 7 days/wk
1) Safe Point; 135A Street, Surrey
2) Quibble Creek Sobering & Assessment Centre

**Vancouver** #3 SCS - Powell St Getaway July 28, 2017
**Insite** stays open all night during cheque week

**Interior** x2 mobile sites – were OPS sites
**Vancouver Island** (Victoria) 1 opened June 18, 2017
10 booths 6:30am-8pm
Are attitudes about drug use in BC changing?

- Consistent messages (DOAP);
  - Sharing data for the public
  - Police “we cannot arrest our way of out this”
  - Multidisciplinary call for decriminalization
- Media giving ‘faces’ to the deaths
  - BC highlight deaths in ‘normal’ young people
  - Public faces, relatable
- Everyone affected/knows someone
- Naloxone changes discourse, normalises - abstinence based services/Indigenous communities
- PWLE as experts and leaders
- Stigma causes deaths
Coroner confirms fentanyl linked to deaths of young North Vancouver couple

TIFFANY CRAWFORD, VANCOUVER SUN 07.31.2015 |

Grieving Burnaby family joins those warning of danger of fentanyl

The B.C. Coroners Service has confirmed the deaths of a North Vancouver couple ear synthetic opiate. Hardy and Amelia Leighton, both in their early 30s, were found dead i investigators believed at the time that the deaths may be linked to the use of drugs. V

Mark Bodle holds a photo of his 17-year-old son Jack, who died from a fentanyl-related overdose in August 2015. Photograph by JASON PAYNE
After almost 20yrs sober the 57 yo community college instructor cracked open a cold one

April 21, 2016

Renowned yoga teacher Michael Stone dies after drug overdose in Victoria

Preliminary toxicology results suggest Stone had opioids, including fentanyl, in system when he overdosed

Rhianna Schmunk · CBC News · Posted: Jul 23, 2017 2:51 PM PT | Last Updated: July 24, 2017

Michael Stone died earlier this month after taking a street drug his partner says may have contained fentanyl. He was married with three children and another on the way and taught wellness seminars across the country. (Michael Stone/Facebook/Caitlin Strom)

Fentanyl Spiral: How the guilt and shame of addiction stole a B.C. man’s life (Jun 2017)
Who died of illicit drug overdose in 2017?

82% male

72% aged 30-59yrs

<table>
<thead>
<tr>
<th>Age group (yrs)</th>
<th># deaths</th>
<th>%</th>
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<tbody>
<tr>
<td>10-18</td>
<td>23</td>
<td>1.6</td>
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<tr>
<td>19-29</td>
<td>270</td>
<td>18.6</td>
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<td>40-49</td>
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<td>50-59</td>
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<td>60-69</td>
<td>113</td>
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<tr>
<td>70+</td>
<td>7</td>
<td>0.48</td>
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Source BCCS, accessed June 9, 2018. Provisional – subject to change as cases closed; http://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports
Illicit drug overdose deaths by place of injury, BC, 2018

- **61%** at private residences
- **29%** at other inside locations (e.g., other housing, hotel/motel, public buildings)
- **9%** at outdoor locations (e.g., parks, vehicles, streets)
3.4% of population of BC is comprised of First Nations peoples

14% of all overdose events in BC involved First Nations peoples

10% of all overdose deaths in BC involved First Nations peoples

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

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

**Contents**
Amp snappers
3 amps naloxone 0.4mg/ml
3 safety needles
Breathing barrier
Finding a site

http://towardtheheart.com/site-finder
<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active THN Sites</strong>&lt;br&gt;cumulative total</td>
<td>6</td>
<td>33</td>
<td>61</td>
<td>106</td>
<td>454</td>
<td>992</td>
<td>1402*</td>
</tr>
<tr>
<td><strong>Kits Distributed</strong>&lt;br&gt;cumulative total&lt;br&gt;(2017 only)</td>
<td>106</td>
<td>724</td>
<td>1,922</td>
<td>5,075</td>
<td>26,303</td>
<td>87,627</td>
<td>104,264</td>
</tr>
<tr>
<td><strong>Overdose Reversals</strong>&lt;br&gt;Reported using&lt;br&gt;THN Kits***&lt;br&gt;(2017 only)</td>
<td>5</td>
<td>41</td>
<td>168</td>
<td>565</td>
<td>4,504</td>
<td>19,862</td>
<td>24,528</td>
</tr>
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</table>

* Data extracted June 15, 2018; kit distribution data entry fairly complete until Mar 31st, 2018
** Includes 582 community pharmacies enrolled since Dec 2017; excludes inactive sites
*** Based on client kits refilled reported due to naloxone use on self/others to reverse an OD

http://towardtheheart.com/naloxone/
Monthly data

- Kits distributed
- OD events
- OD deaths

Carfentanil

100,000 kits distributed

Illegal drug overdose events or deaths
Why engage people with lived experience?

- Peers are the experts
- Lack of peer input stigmatizes further
- Builds capacity, shares power
- Improves relevance and acceptability of programs
- PWUD often relate better to Peers

“Peer” is a person with lived experience of substance use, who uses that experience in their work

Peer engagement is meaningful participation of people with lived experience in program, policy and research settings.

One size ≠ fit all
Examples Peer Engagement

- Designing harm reduction services for rural and remote regions
- Providing input into messages, posters etc
- Provide a reality check – urban myths, rumours and misperceptions; also unintended consequences of interventions (Rx policies etc)
- Provide resources for peer led OPS site
- Take-home-naloxone training hosted and delivered by peers
Communicating drug alerts

Methods
• Focus groups PWUD (n=22)

Results
• Timely response
• Share through different outlets
• Increase visibility, accessibility & relevance of postings
  • Use brief simple language
  • Use words that imply harm
  • Date posters & remove
  • Mention what to look out for
  • Actions for appropriate response

Overdose Alert:
Unsafe drug labs making Fentanyl in BC:
• It may be TOXIC or CONTAMINATED
• It has been found in Oxys, heroin & other drugs
• It has been found in urine drug tests in Vancouver
• It increases OD risk
• Naloxone helps: get trained to use it (to find out where, ask a service provider, or go to TowardTheHeart.com)

For ODs, use the SAVE ME steps:
Follow the SAVE ME steps below to respond.
If the person must be left unattended at any time, put them in the recovery position.
DON’T LET THIS PARTY BE YOUR LAST

You can’t know if the drug you use is safe. Any drug—cocaine, crack, ecstasy, meth, heroin—can contain fentanyl.

- Never use alone
- Go slow
- Carry naloxone

Learn more at gov.bc.ca/overdose

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

KNOW THE SIGNS OF AN OVERDOSE

The risk is real – an overdose can happen to anyone. If you see these signs, give naloxone and call 9-1-1. Save a life.

- Slow or no breath and heartbeat
- Unresponsive
- Choking, gurgling
- Cold, clammy skin
- Blue lips, tiny pupils

Learn more at gov.bc.ca/overdose
Peer engagement & evaluation project (PEEP)
How to Involve People Who Use Drugs

We Have a Lot of Experience So Please...

Do invite several of us
Do invite a peer-based group to select representatives
Do invite people who actively use drugs
Do invite people who formerly used drugs, in addition to people who actively use drugs
Do listen to and integrate our answers
Do financially support peer-based organizations if you expect representatives to consult with members of their community before the meeting
Do give us information about what the meeting is about, what our role will be, and how we can contribute

Don’t invite just one of us
Don’t hand-pick the same person you know and are comfortable with every time
Don’t only invite people who formerly used drugs – OK to invite them and they have lots to offer, but they are not the same as people who are actively using drugs, who also have a perspective that is valuable needs to be heard as well
Don’t ask a question or invite us to your meeting just because it is politically correct

We May Not Be Used to Your Style of Meetings So Please...

Do provide us with training and a support person
Do ask us to help define groups expectations
Do show flexibility with meeting styles (times, agenda, level of participation)
Do ask us what we need
Do train us for ongoing or future committee or board events
Do acknowledge that you may have needs, too, and that unfamiliarity may make you uncomfortable
Do consider providing oppression informed training specific to the issue of peer involvement, and ask us to participate
Do ask for our participation in planning sessions for consultations or meetings

Don’t run your committee or board meetings without considering that it may be the first time for us to be a committee or board
Don’t hold a meeting or consultation just the way you are used to; work with peers to make it inclusive
Don’t hold a meeting at 9 a.m. or on cheque issue day
Don’t be afraid to ask for support from a peer committee or group that have experience
Don’t assume that we are the problem and the only ones who need to learn
Don’t think that you can’t learn how to integrate us and our experience
Don’t think that we cannot do more, such as work full-time in a paid position

We are NOT Very Mobile or Wealthy So Please...

Do hold a meeting or consultation in a low-key setting or in a setting where people who use drugs already hang out
Do provide a stipend – contrary to most people who attend your meetings, we are not paid to attend by our jobs, but still need to look after our needs
Do give us money in cash

Don’t hold meetings in a government building
Don’t assume that we don’t need a stipend or would just spend it on drugs (or that it wouldn’t be justified even if we did)
Don’t write us a cheque or give us a coupon
Don’t ask us to come and meet you in Ottawa unless you provide us with adequate support and compensation

We Value Our Privacy So Please...

Do guarantee and protect confidentiality
Do let us know who else will be at the table including law enforcement, social workers, parole officers, religious groups and city officials

Don’t identify what a particular person said in the proceedings of the meeting
Don’t require us to disclose: HIV (or other health) status, exposure to trauma, or proof of income when involving us or as a requirement for participation

If You Want Us to Travel Please...

Do help with arranging Methadose carries and Suboxone or opioid replacement medication
Do arrange for advice from a local person who uses drugs – drugs may be more dangerous in a different city and travelling puts us at risk
Do provide accommodation close to the meeting space
Do have a healthcare provider available to support us

Don’t invite us at the last minute and assume we can deal with this alone
Don’t just leave us on our own in cities we don’t know
Don’t assume we have identification (or credit cards) to check into hotels or board flights

http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction/peer-engagement-evaluation
Language matters...

4 guidelines to using non-stigmatizing language

1. Use People-first language
   - Person who uses opioids
   VS.
   - Opioid user OR Addict

2. Use language that reflects the medical nature of substance use disorders
   - Person experiencing problems with substance use
   VS.
   - Abuser OR Junkie

3. Use language that promotes recovery
   - Person experiencing barriers to accessing services
   VS.
   - Unmotivated OR Non-compliant

4. Avoid slang and idioms
   - Positive test results OR Negative test results
   VS.
   - Dirty test results OR Clean test results

http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction-peer-engagement-evaluation
PEER ENGAGEMENT PRINCIPLES AND BEST PRACTICES
A GUIDE FOR BC HEALTH AUTHORITIES AND OTHER PROVIDERS
Written in partnership with peers and providers

Paying Peers in Community Based Work
An overview of considerations for equitable compensation
In partnership with the Paying Peers Working Group
Sincerest thanks to the late Larry Howell for his review of this document.

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