Update on the Opioid Overdose Emergency Response

Michelle Lawrence, Executive Lead Mental Health and Substance Use

April 10, 2018
Epidemiological update
Ambulance – ER - deaths
Overdoses attended by BCAS, BC vs NH, 2013-2017
NH Emergency room visits for overdose remain stable
Prince George has the highest number of emergency room visits for overdose
More illicit drug deaths in BC than any other unnatural cause of death
Lower rate of death in NH vs. rest of BC, but still much higher than in the past

Illicit drug overdose death rate, NH vs BC, 2013-2017

Deaths per 100,000 people per year

Quarter (calendar year)
Overdose death rate by HSDA
NH vs BC, 2007-2017

Deaths per 100,000 population

Year


BC Prince George Northeast NI rural Northwest

30.2 25.3 23.2 19.2 9.9

Not for Distribution - NH Internal Planning Use Only
Overdose fatalities by type of location, NH, 2016-2017

- **Private Residence** – includes private residences (driveways and garage), trailer home. Own or another’s residence.
- **Other Residence** – includes hotels, motels, rooming houses, safe houses, social housing, detox centres, drug recovery house, group home, residential care, retirement/senior residence.
- **Other Inside** – includes facilities, occupational sites, public buildings, and businesses.
- **Outside** – includes vehicles, streets, sidewalks, parking lots, public parks, wooded areas, and campgrounds.
Risk factors

• Demographic
  • Age 20-59
  • Male
  • First Nations (most ODs occur in urban settings)

• Drug use pattern/context
  • Opioid use disorder, not on OAT
  • Polysubstance use
  • Using alone in a private residence
  • Interruption and relapse (post-detox or incarceration)

• Comorbidities
  • Mental health issues
  • Chronic pain

• Social factors
  • Unemployment or construction trade employment
  • Unstable housing
  • Social isolation
  • Disengagement from health care services
  • History of trauma
Key drivers

• Pain
  • Psychological and physical
  • Often rooted in childhood trauma

• Stigma
  • Alienates and isolates people who use drugs
  • Hampers political will to implement solutions

• Poorly addressed risk factors
  • Substance use disorder, mental health, chronic pain
  • Inappropriate initiation and discontinuation of opioid prescriptions

• Social determinants of health
  • Poverty, homelessness, isolation, violence, discrimination, racism

• Unpredictable dosing with black market opioids
  • More potent substances as a consequence of prohibition (new!)
Opioid overdose response in NH and the Detailed Operational Plan
On December 1, 2017, the Ministry of Mental Health and Addictions launched the new Overdose Emergency Response Centre (OERC).

Purpose

• The emergency centre will have a strong focus on measures to prevent overdoses and provide life-saving supports that are:
  • on-the-ground
  • locally driven and delivered
  • action-oriented
  • rapidly implemented
Provincial Overdose Emergency Response Centre (OERC)

• With approximately 10 full- and part-time staff will work with all provincial partners to respond to the Overdose Emergency

• Expectation of each Health authority is to form a Regional Response Team to ensure regional – level actions and policy development are integrated, responsive and targeted and community action teams (LITs)

• 18 specific communities have been targeted throughout the province to be supported by the OERC – In the North, Fort St John and Prince George. This will include some dedicated funding (up to 100,000) through the Community Action Team Grants.

• Additionally funding for the rest of the province will be available through the Community Crisis Innovation Fund (grant process)
Refreshed Provincial Opioid Crisis response
“Comprehensive Suite of Services”

**Essential Health Sector Actions**

- Naloxone and overdose response training
- Overdose prevention and supervised consumption services
- Drug checking
- Acute OD case management
- Treatment services
- Surveillance

**Essential Actions for Supportive Environments**

- Social stabilization - income, housing, supportive relationships
- Peer employment and engagement
- Cultural safety
- Addressing stigma, discrimination, and human rights
NH Opioid Crisis Response

- Regional Response Team
  - Monthly internal meetings
  - Meet with provincial OERC once monthly

- 2 Community Action Teams
  - Funding flowing through CAI
  - PG and FSJ
NH Opioid Emergency Response Operational Model

Provincial/Regional
- Dr. Allison, Michelle Lawrence

HSDA
- Dr. Fumerton, Gray, Kim
- Directors Cooper, Holland, McLellan

Local
- HSA, CSM, PHRN

Central FNHA
- Becky Palmer, Minda Richardson

Regional FNHA
- Nicole Cross, Tammy Rogers, Karla Tait

Local FNHA
- Health Director or other
- Len Pierre – Wellness coordinator
- Community Engagement Coordinator
Detailed Operational Plan Implementation

Align current status and efforts to support provincial reporting and funding structures

Drug Checking
Overdose prevention and SCS
Includes Naloxone
Treatment interventions and supports including surge
Hospital and ER department services
Pain Management
Professional Education
Data Analysis

Respond to community needs and readiness

Stipulate Precision across the Region
Stimulate Resonance at the Community

Not for Distribution - NH Internal Planning Use Only
By the Numbers - Distribution of Take Home Naloxone kits
NH, Jan 2015-Sep 2017

Essential Health Sector Actions

Quarter (calendar year)

THN kits

- Shipped to NH sites
- Dispensed to clients

Quarter

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Not for Distribution - NH Internal Planning Use Only
Overdose Prevention and Supervised Consumption Services - Detailed Operational Plan

- Implement overdose prevention service(s) (OPS) and/or supervised consumption service(s) (SCS) in communities with high rate of overdoses
- Currently, the transition of the OPS site in PG to a full SCS is being considered. Location is still being determined and application will be submitted.
- Regionally, Overdose Prevention Services need to be defined and developed
- Funding for operation of PG site and some additional FTEs to support services regionally
Drug Checking – Detailed Operational Plan

• Drug Checking to occur at Prince George Needle Exchange
• To expand throughout the North with development of overdose prevention services as appropriate
Acute OD Risk Case Management

• Develop NH Standardized approach to:
  ✓ Responding to an overdose presentation in Emergency Rooms
  ❑ Responding to an overdose presentation by BCAS including follow-up
  ❑/✓ Offer education on Take home Naloxone
  ❑ Rapid Initiation of OAT in emergent settings as appropriate
  ❑ Routine follow-up by Mental Health/Substance Use clinicians
Hospital and Emergency Department Services – Detailed Operational Plan

- Exploring the Possibility of immediate Suboxone initiation
- Ability for staff to feel competent to due all necessary assessments and triage as appropriate (including social needs)
- Funding to include continued support and increase of Psychiatric Liaison Nurses and Addictions Consult supports
Treatment Interventions and Supports – Detailed Operational Plan

- Understanding and decreasing the gaps and barriers to service
- Ensure leadership and substance use for the Region including physician leads throughout the North
- Increasing access to OAT through:
  - Developing Specialist and Primary Care collaborative care
  - Funding to include increasing FTEs for Substance Use Clinicians Support to Specialized Services throughout the North (6), Leadership for Substance Use (Physician and Strategic Lead)
Pain Management – Detailed Operational Plan

- Northern Health’s Chronic Pain Strategy treats chronic pain as a chronic disease with most patients’ needs being met at the community and primary care levels.

- The Strategy proposes building capacity in the lowest levels of care and so as to reserve access to higher levels of care only for cases where it is deemed appropriate when appropriate.

- Funding will increase FTE’s to support the strategy
Data Analysis – Surveillance

Detailed Operational Plan

• Reliable information based on complete reporting is crucial in helping NH appropriately direct attention to communities with higher number of overdoses.

• Data will be used to inform decisions and actions to direct care and services

• Funding to include increase in FTEs for Epidemiologist and Outcomes Analyst
Social stabilization - income, housing, supportive relationships

★★ Community Action Team initiative through the Ministry of Mental Health and Addictions, OERC and partners
  - Identify the underlying social drivers of the crisis
  - Bring the appropriate partners and influencers together
  - Encourage action by partners to address the drivers
Peer employment and engagement

• Ensure interventions meet the needs of the population served
• Engage peers in planning and implementing activities to address the crisis
• Value the effort of peers through appropriate remuneration
Cultural Safety

• Ongoing investment in cultural safety training of staff in community and facility
• Exploration of Trauma informed care for emergency room staff
Addressing stigma, discrimination, and human rights

Stories

Marlene

“I thought I was going to raise a perfect family but it didn’t turn out that way. I still love them to death and try to support them.”

Read more of Marlene’s story
Professional Education and Training - Detailed Operational Plan

This is a cornerstone to the overdose prevention and response efforts. NH wants to ensure that there is:

• Increased access to staff with competency in substance use treatment
• Increase in peer engagement in planning and service delivery for substance use treatment
• Decrease in discrimination for people who use substances
• Increase in harm reduction supply distribution and education
• Funding to support new Clinical Education Resource positions and to support Anti-Stigma Campaigns
Refreshed Provincial Opioid Crisis response
“Comprehensive Suite of Services”

**Essential Health Sector Actions**
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- Treatment services
- Surveillance

**Essential Actions for Supportive Environments**
- Social stabilization - income, housing, supportive relationships
- Peer employment and engagement
- Cultural safety
- Addressing stigma, discrimination, and human rights
## Health Service Administrators – Northern Interior

<table>
<thead>
<tr>
<th>NI</th>
<th>FORT ST. JAMES HEALTH SERVICES</th>
<th>April Hughes</th>
<th>St. John Hospital 3255 Hospital Road, Vanderhoof, BC V0J 3A0</th>
<th>Phone: 250-567-6214</th>
<th>Email: <a href="mailto:april.hughes@northernhealth.ca">april.hughes@northernhealth.ca</a></th>
<th>Nakazdli, Yekooche, Tlazt'en, Takla</th>
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<tbody>
<tr>
<td>NI</td>
<td>FRASER LAKE HEALTH SERVICE</td>
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<td>Stellat'en, Nadleh Whut'en</td>
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<tr>
<td>NI</td>
<td>VANDERHOOF HEALTH SERVICES</td>
<td></td>
<td></td>
<td></td>
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<td>Nakazdli, Yekooche, Tlazt'en, Takla, Saikuz</td>
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<tr>
<td>NI</td>
<td>QUESNEL HEALTH SERVICES</td>
<td>Debbie Strang</td>
<td>GR Baker Memorial Hospital 543 Front Street, Quesnel, BC V2J 2K7</td>
<td>Phone: 250-985-5618</td>
<td>Email: <a href="mailto:debbie.strang@northernhealth.ca">debbie.strang@northernhealth.ca</a></td>
<td>RedBluff Band, Nazko, Lhook'uz Dene, possibly Alexandria / Esdilagh</td>
</tr>
<tr>
<td>NI</td>
<td>PRINCE GEORGE HEALTH SERVICES</td>
<td>Aaron Bond (Interim)</td>
<td>UHNBC 1475 Edmonton Street, Prince George, BC V2M 1S2</td>
<td>Phone: 250-565-5835</td>
<td>Email: <a href="mailto:aaron.bond@northernhealth.ca">aaron.bond@northernhealth.ca</a></td>
<td>PG is a catchment for many nations. Most local FN are Carrier(Dakelh), Tsay Keh Dene (Sekani). At least 1/2 of all Aboriginal people residing in Prince George are Metis.</td>
</tr>
<tr>
<td>NE</td>
<td>FORT ST. JOHN HEALTH SERVICES</td>
<td>Joanne Cozac</td>
<td>Fort St. John Hospital  8407 112 Ave, Fort St. John, BC V1J 0J5 Phone: 250-261-7535 Email: <a href="mailto:joanne.cozac@northernhealth.ca">joanne.cozac@northernhealth.ca</a></td>
<td>Doig River FN, Blueberry River FN, Halfway River FN, West Moberly, Saulteaux and possibly Plains Cree from Alberta</td>
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<tr>
<td>NE</td>
<td>HUDSON'S HOPE HEALTH SERVICES</td>
<td></td>
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<td>possibly West Moberly and Saulteau FN, but most folks would flow to Chetwynd where there is a hospital</td>
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</tr>
<tr>
<td>NE</td>
<td>DAWSON CREEK HEALTH SERVICES</td>
<td>Kendra Kiss</td>
<td>Dawson Creek and District Hospital 111-13th Street, Dawson Creek, BC V1G 3W8 Phone: 250-784-7346 Email: <a href="mailto:kendra.kiss@northernhealth.ca">kendra.kiss@northernhealth.ca</a></td>
<td>Doig River FN, Blueberry River FN, Halfway River FN, West Moberly, Saulteaux FN, (Kelly Lake Cree / Metis) and possibly Plains Cree from Alberta</td>
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<tr>
<td>NE</td>
<td>TUMBLER RIDGE HEALTH SERVICES</td>
<td>Vacant (contact Kendra Kiss until vacancy filled)</td>
<td>NE Regional Office 230, 9900-100th Avenue, Fort St. John, BC V1J 5S7 Phone: 250-262-5297 Email: <a href="mailto:angela.desmit@northernhealth.ca">angela.desmit@northernhealth.ca</a></td>
<td>No local reserve lands but FN folks are always present within the local community population</td>
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<tr>
<td>NE</td>
<td>CHETWYND HEALTH SERVICES</td>
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<td>West Moberly and Saulteau FN</td>
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<tr>
<td>NE</td>
<td>FORT NELSON HEALTH SERVICES</td>
<td>Vacant (contact Angela DeSmit until vacancy filled)</td>
<td>NE Regional Office 230, 9900-100th Avenue, Fort St. John, BC V1J 5S7 Phone: 250-262-5297 Email: <a href="mailto:angela.desmit@northernhealth.ca">angela.desmit@northernhealth.ca</a></td>
<td>Fort Nelson FN, Prophet River FN, (Daylu Dena go to Yukon); some Deh Cho Dene from NWT</td>
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## Health Service Administrators – North West

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<tr>
<th>North West</th>
<th>Health Service</th>
<th>Administrator</th>
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<tbody>
<tr>
<td>NW</td>
<td>Atlin Health Services</td>
<td>Chris Simms</td>
<td>Mills Memorial Hospital, 4720 Haugland Ave, Terrace BC V8G 2W7; Phone: 250-638-4021</td>
<td>Taku Tlingit, maybe some other Yukon bands e.g. Carcross Tagish</td>
</tr>
<tr>
<td>NW</td>
<td>Stewart Health Services</td>
<td>Cormac Hikisch</td>
<td>Bulkey Valley District Hospital, 3950 8th Avenue, Prince Rupert, BC V8J 3N8; Phone: 250-847-6202</td>
<td>No local reserve lands but FN folks are always present within the local community population</td>
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<tr>
<td>NW</td>
<td>Terrace Health Services</td>
<td></td>
<td>Prince Rupert Regional Hospital, 1305 Summit Avenue, Prince Rupert, BC V8J 2A6; Phone: 250-622-6298</td>
<td>Kitsumkalum and Gitksan peoples residing in the Terrace area.</td>
</tr>
<tr>
<td>NW</td>
<td>Dease Lake Health Services</td>
<td></td>
<td>Wrinch Memorial Hospital, 2510 Hwy 62 Bag 999 Hazelton, BC V8C 2S3; Phone: 250-842-4403</td>
<td>Tahltan, Dease River Band (Good Hope Lake)</td>
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<tr>
<td>NW</td>
<td>Houston Health Services</td>
<td></td>
<td>Kitimat Hospital and Health Centre, 920 Lahakas Blvd, South Kitimat, BC V8C 2S3; Phone: 250-411-1212</td>
<td>Wetsuwet’en</td>
</tr>
<tr>
<td>NW</td>
<td>Smithers Health Services</td>
<td></td>
<td></td>
<td>Wetsuwet’en (Moricetown) and Lake Babine Nation communities (Fort Babine, Tachet)</td>
</tr>
<tr>
<td>NW</td>
<td>Prince Rupert Health Services</td>
<td></td>
<td></td>
<td>Tsimshian Nations: Gitxaala/Kitkatla, Gitga’at/Hartley Bay, Lax Kw’alaams, Metlakatla. There is also a significant population of Nisga’a peoples residing in the Prince Rupert area.</td>
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<tr>
<td>NW</td>
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<td>Haida - Old Massett</td>
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<tr>
<td>NW</td>
<td>Queen Charlotte Health Service</td>
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<td>Haida - Skidegate</td>
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<td>Hazelton Health Services</td>
<td>Daryl Petsul (Interim)</td>
<td></td>
<td>Gitxanmaax, Hagwilget, Kispiox, Sik-e-dakh, Gitsegukla, Gitwangak, Gitanyow.</td>
</tr>
<tr>
<td>NW</td>
<td>Kitimat Health Services</td>
<td>Jonathan Cooper</td>
<td></td>
<td>Haisla</td>
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</table>
Thank you