Provincial Health Services Authority

Correctional Health Services - Update

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April 11/2018
Similar to FNHA, PHSA covers the entire province of BC
Correctional Health Services

Reason for the Change – October 1st, 2017

Health Services are previously delivered at 10 Correctional Centres by a for profit service provider.

- Poor health status of the inmate population
- Reviews, audits, reports calling for change
  - WHO report (2013)
  - BC Coroner’s Report (2014)
Provincial Health Service Authority

- BC Cancer Agency
- BC Centre for Disease Control
- BC Women’s and Children’s Hospital
- BC Emergency Health Services
- BC Renal Agency
- BC Transplant
- BC Mental Health and Substance Use Services (including Correctional Health Services).
BC Mental Health & Substance Use Services
An Agency of the Provincial Health Services Authority

Continuum

- Burnaby Centre for Mental Health & Addictions
- Heartwood Centre for Women
- Forensic Psychiatric Services
- Correctional Health Services
- Provincial Specialized Programs (commissioned)

Research & Knowledge Translation & Exchange
Provincial Planning & Strategic Networking
Academic Teaching/Training
MHSU Literacy (BC Partners)
Provincial Correctional Centres

Lower Mainland
- Alouette Correctional Centre for Women (ACCW)
- Ford Mountain Correctional Centre (FMCC)
- Fraser Regional Correctional Centre (FRCC)
- North Fraser Pretrial Centre (NFPC)
- Surrey Pretrial Services Centre (SPSC)

Vancouver Island, Interior, Northern
- Kamloops Regional Correctional Centre (KRCC)
- Nanaimo Correctional Centre (NCC)
- Okanagan Correctional Centre (OCC)
- Prince George Regional Correctional Centres (PGRCC)
- Vancouver Island Regional Correctional Centre (VIRCC)
CHS Strategic Direction: improve the quality of health care in provincial correctional centres

- Eliminate barriers to accessing health care for inmates
- Implement evidence-based clinical guidelines, standards and practices in Correctional Health
- Improve the continuity of care by improving transitions between correctional facilities and RHAs, primary care and community services
- Enhance the skills and clinical competencies of all correctional health disciplines
- Improve reporting and accountability by developing and tracking performance indicators
- Prepare and implement Accreditation in 2021
- Develop strong partnerships with BC Corrections and Ministry of Public Safety & Solicitor General, RHAs, community providers and other stakeholders
THE RISE OF FENTANYL

Lethal street drug has been linked to more than 1,000 deaths across Canada in recent years, and 2015 appears to have been B.C.’s deadliest year.
Source: Annual Review of Public Health
Oct 2016
662 deaths

Distribution of Illicit Drug Overdose Deaths in British Columbia 2012

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
- > 20.0

(n = number of deaths)

Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 4, 2016 by BC Centre for Disease Control.
Distribution of Illicit Drug Overdose Deaths in British Columbia 2014

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Greater VancouverInset

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BC Coroners Service Death Review Panel: A Review of Illicit Drug Overdoses, March 28, 2018

- OD Deaths Jan 1-Dec 31, 2016
  - Northern, 52 deaths
  - Death rate per 100,000 = 18.5
- OD Deaths Jan 1-July 31, 2017
  - Northern, 31 deaths
  - Death rate per 100,000 = 18.0
- Indigenous persons represent 10% of overdose deaths
- PGRCC 60-80% indigenous population
- Sixty-six percent had involvement with BC Corrections
  - 10% died within 30 days of release
  - [OD risk 6-8 times higher than general population 1 week post release]
BC Coroners Service Death Review Panel: A Review of Illicit Drug Overdoses, March 28, 2018

• Recommendations for Correctional Population on Release
  – Take Home Naloxone
  – Access to drug checking services
  – Linkage to addiction services including opioid agonist treatment
Current State of Correctional Health Services
Response to Opioid Overdose Epidemic

• Current State at Correctional Health Services
  – Take Home Naloxone
  – Access and Transition Nurses
  – OAT Nurse
  – MHSU Nurse
  – Expanded OAT clinics
    • Currently 30-35% of population on OAT
    • Reduction in wait list to to zero
  – Matrix and Smart Recovery
What does work for opioid addiction:

Opioid Agonist Therapy

Methadone

Buprenorphine/naloxone (Suboxone®)

Treatment duration: usually at least 12 months and then a slow taper
**Full Agonist** (i.e. heroin, methadone, morphine)

**Partial Agonist** (i.e. buprenorphine)

**Antagonist** (i.e. naloxone, naltrexone)

- Full activation
- Partial activation
- No activation
Partial Agonist
(i.e. buprenorphine/naloxone - Suboxone)

Partial activation
**Full Agonist**  
(i.e. heroin, methadone, morphine)

**Partial Agonist**  
(i.e. buprenorphine)

This relative difference between full activation of the receptor and partial activation of the receptor is called ‘**PRECIPITATED WITHDRAWAL**’
Threshold for Respiratory Depression
Increase focus on transitions/continuity of care
Our Vision
Where we want to go with CHS

• Engage clients and internal and external supports in the health care system to increase the quality of primary, mental health, and substance use care in custody and enhance the continuity of care upon release.

• We want to be able to have established discharge plans so that we can do the “warm hand-off” and insure that our clients make it to their community physician, their pharmacy to pick up their medications, their mental health team, or treatment centre.
Questions