TOXIC DRUG POISONING DEATHS AND EVENTS  
VANCOUVER ISLAND REGION  
(JANUARY - JUNE 2021)

TOXIC DRUG POISONING DEATHS

NUMBER OF PEOPLE WHO DIED OF TOXIC DRUG POISONING

22

EQUALS 10 DEATHS

FIRST NATIONS PEOPLE ARE DISPROPORTIONATELY REPRESENTED IN TOXIC DRUG POISONING DEATHS

4.2% OF REGION'S POPULATION

13.6% OF TOXIC DRUG POISONING DEATHS

TOXIC DRUG POISONING EVENTS

NUMBER OF TOXIC DRUG POISONING EVENTS ATTENDED BY PARAMEDICS

290

PERCENTAGE CHANGE COMPARED TO 2020 (JAN-JUNE)

40.8%↑

PERCENTAGE OF EVENTS BY SEX

♀ 32.1% ♂ 67.9%

FIRST NATIONS PEOPLE ARE DISPROPORTIONATELY REPRESENTED IN TOXIC DRUG POISONING EVENTS

4.2% OF REGION’S POPULATION

22.0% OF TOXIC DRUG POISONING EVENTS

NOTES ABOUT TOXIC DRUG POISONING EVENTS:

• Most toxic drug poisoning events are non-fatal and represent instances where paramedics were called and responded to an overdose, whereas toxic drug poisoning deaths represent people who overdosed and died.

• The negative impacts of single or repeated toxic drug poisoning events on an individual can include: heart conditions, liver and kidney problems, brain damage, decrease in mental health, disconnection from support networks, and loss of spiritual and/or cultural connections.

Source: www.drugabuse.gov/drug-topics/health-consequences-drug-misuse/introduction

• The data used to calculate the percentage of toxic drug poisoning events experienced by First Nations people is based only on health records where a Personal Health Number (PHN) was available. The number of First Nations toxic drug poisoning events attended by paramedics and the percentage increase in First Nations people experiencing events are likely underestimated due to the limited availability of PHNs in the data. Unfortunately, not all toxic drug poisoning events have a PHN associated with them.

• Toxic drug poisoning events that were treated successfully in community and events where 9-1-1 was not called are not captured in this data.

The FNHA gratefully acknowledges the health partners that make this data available: BC Centre for Disease Control, BC Coroners Service, BC Emergency Health Services, and the BC Ministry of Health.
**Actions Taken by FNHA Vancouver Island Region to Prevent Toxic Drug Poisoning Deaths**

**January - July 2021**

**Prevent People from Dying**

- **Distribution of naloxone (nasal spray):** The FNHA dispensed 2,046 doses of nasal naloxone spray to individuals through community pharmacies in the Vancouver Island region, and 785 nasal naloxone kits to eight First Nations communities/organizations in the Vancouver Island region through bulk ordering from January to July 2021 (each kit contains two doses).

- **Naloxone training:** Provided sessions in community at health fairs and through naloxone training events.

- **Fentanyl test strips:** Facilitated access to fentanyl test strips for communities, peer groups and supporting agencies. Developed educational materials about test strips.

**Keep People Safe When Using**

- **Grants:** Supported communities in receiving 19 grants of $1,000 each to develop activities for International Overdose Awareness Day.

- **Youth Engagement:** Collaborated with KDC Health and Nawalakw Healing Society to deliver sessions about harm reduction, health and wellness. Youth identified learning needs as well as future projects, programs and education. Sessions were held in Namgis, Kwakwutl, Quatsino and Campbell River. Additional engagement sessions are planned in Gwa’sala-Nakwaxda’xw, Kwikwasut’inuxw Haxwa’mis, and Dzawada’enuxw.

- **Drug Checking:** Worked with the Vancouver Island Drug Checking Project to help expand services across Vancouver Island.

**Create an Accessible Range of Treatment Options**

- **Microdosing Pilot Project:** Collaborated with Island Health on the “Learning about Opioid Use Disorder in the Emergency Department” (LOUD in the ED) project. The LOUD in the ED project is a pilot project which allows for microdosing of Suboxone at ED presentation, provides referral to Opioid Agonist Treatment (OAT) services, and access to peer support in the Campbell River Hospital. Provided funding to increase the number of peer hours in the ED. Developed education materials for ED staff ‘huddles’.

- **Smart Recovery/Wellbriety training:** Provided funding to support 107 staff and community member participation in facilitator training sessions.

- **Nurse prescribing of OAT:** Supported training for two nurses in Gwa’sala-Nakwaxda’xw and one nurse at Cowichan Tribes.

- **Resources:** Participated in wellness tables across Vancouver Island to support communities’ harm reduction needs and to promote available resources.

- **Community treatment options:** Supported communities in planning and developing community-led and land-based treatment options for community members.

**Support People on Their Healing Journeys**

- **Workshops:** Facilitated several workshops on the following topics: Self-care, Stigma Regarding Substance Misuse, and Lateral Kindness.

- **Peers:** Built connections with peer-led organizations across Vancouver Island. Worked collaboratively to identify challenges with service agencies and built bridges towards working together in a good way through activities such as cultural safety training and educational workshops.

- **Stakeholders:** Addressed emerging issues such as the COVID-19 outbreaks and the toxic drug poisoning crisis with organizations that serve Indigenous people at a Victoria Downtown Service Providers meeting.

- **Community Action teams (CATs):** Collaborated on projects with the five CATs across Vancouver Island to support people who use substances.

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[www.fnha.ca/harmreduction](http://www.fnha.ca/harmreduction)