



Update on the Opioid Overdose Emergency Response

Michelle Lawrence, Executive Lead Mental Health and Substance Use

April 10, 2018



Photo from the NW: Marcela Sterling

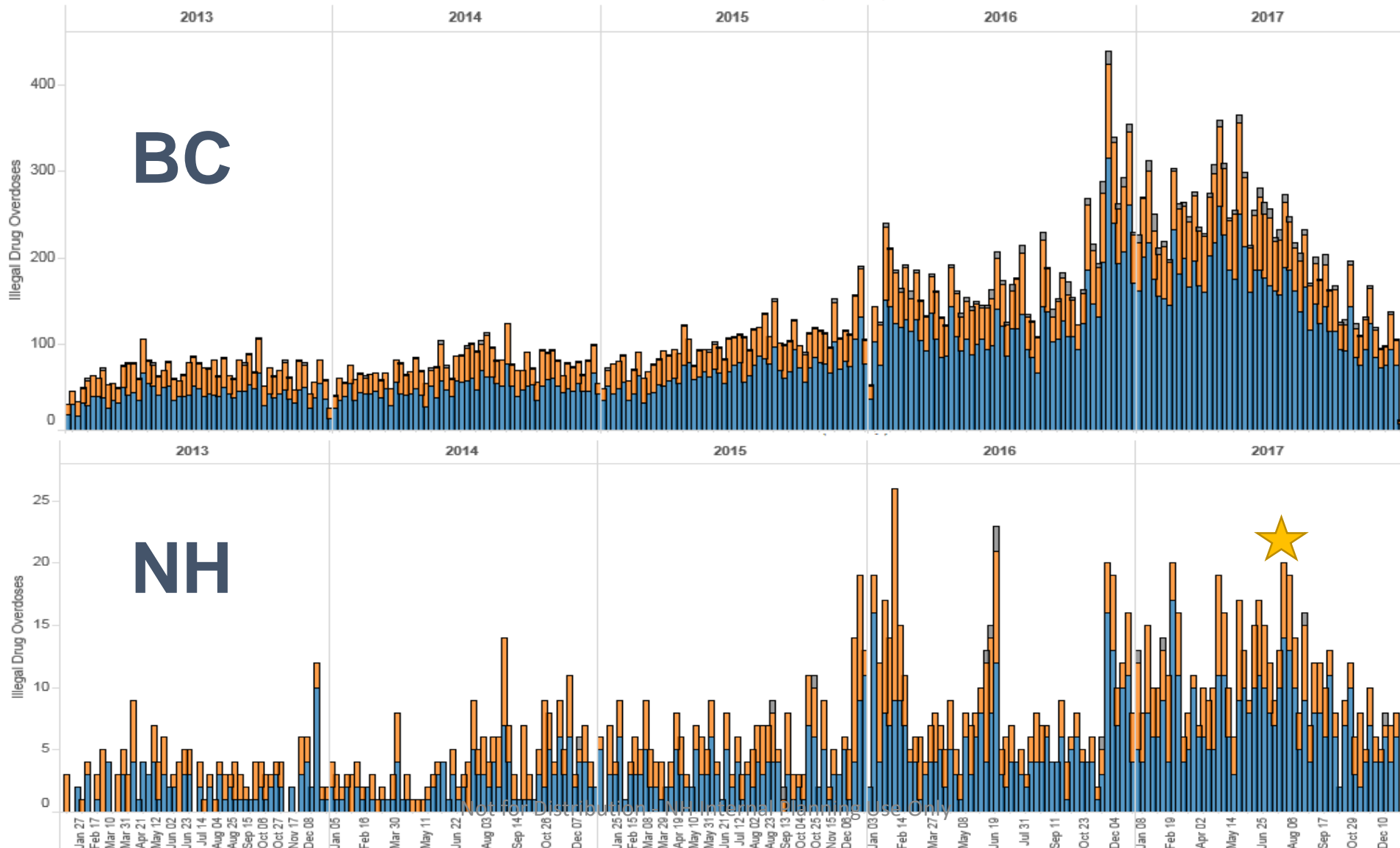


Photo from the NE: Jackie Ninkaver



Photo from the NW: Daniel Egli

Overdoses attended by BCAS, BC vs NH, 2013-2017



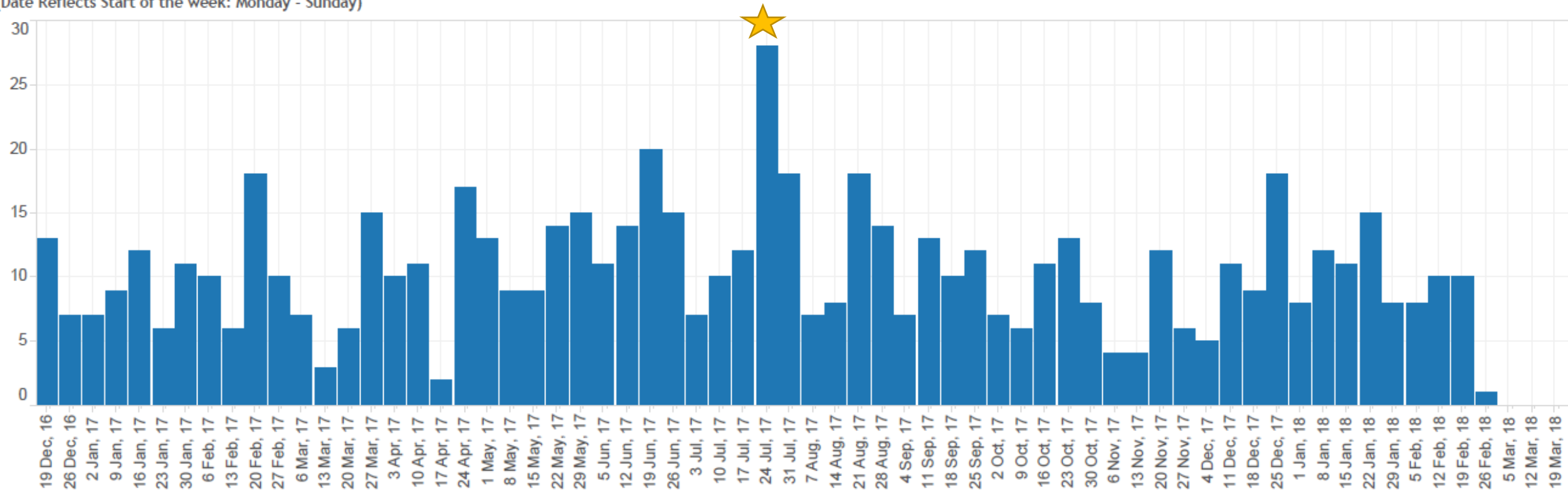
NH Emergency room visits for overdose remain stable

Public ED Enhanced Surveillance - Opioid or Suspected Opioid Overdoses in Northern Health:

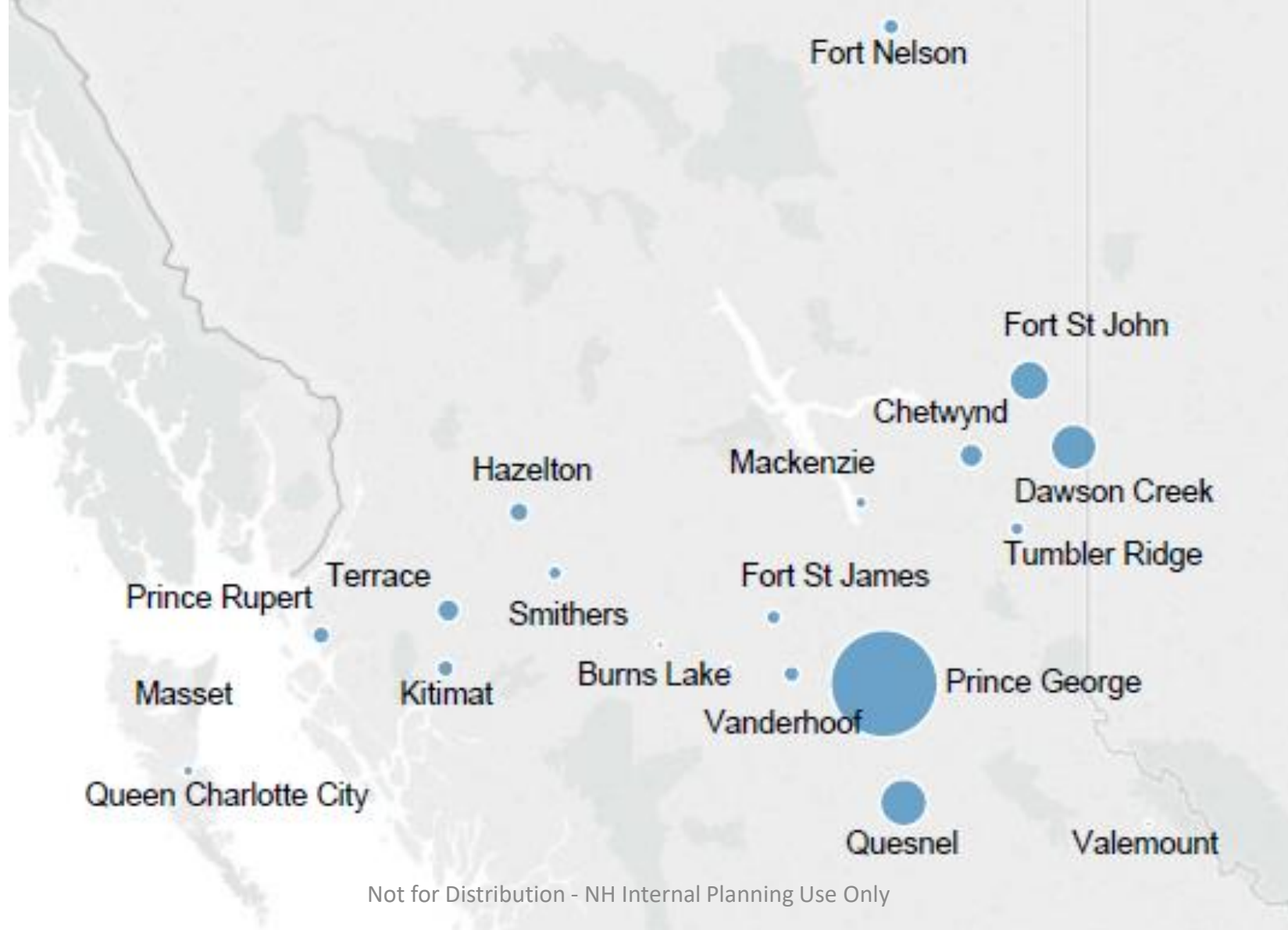


Prepared by: Public Health
Epidemiologist
Updated: March 5, 2018

Figure 1: Overdose Emergency Department Visits by Week
(Date Reflects Start of the week: Monday - Sunday)

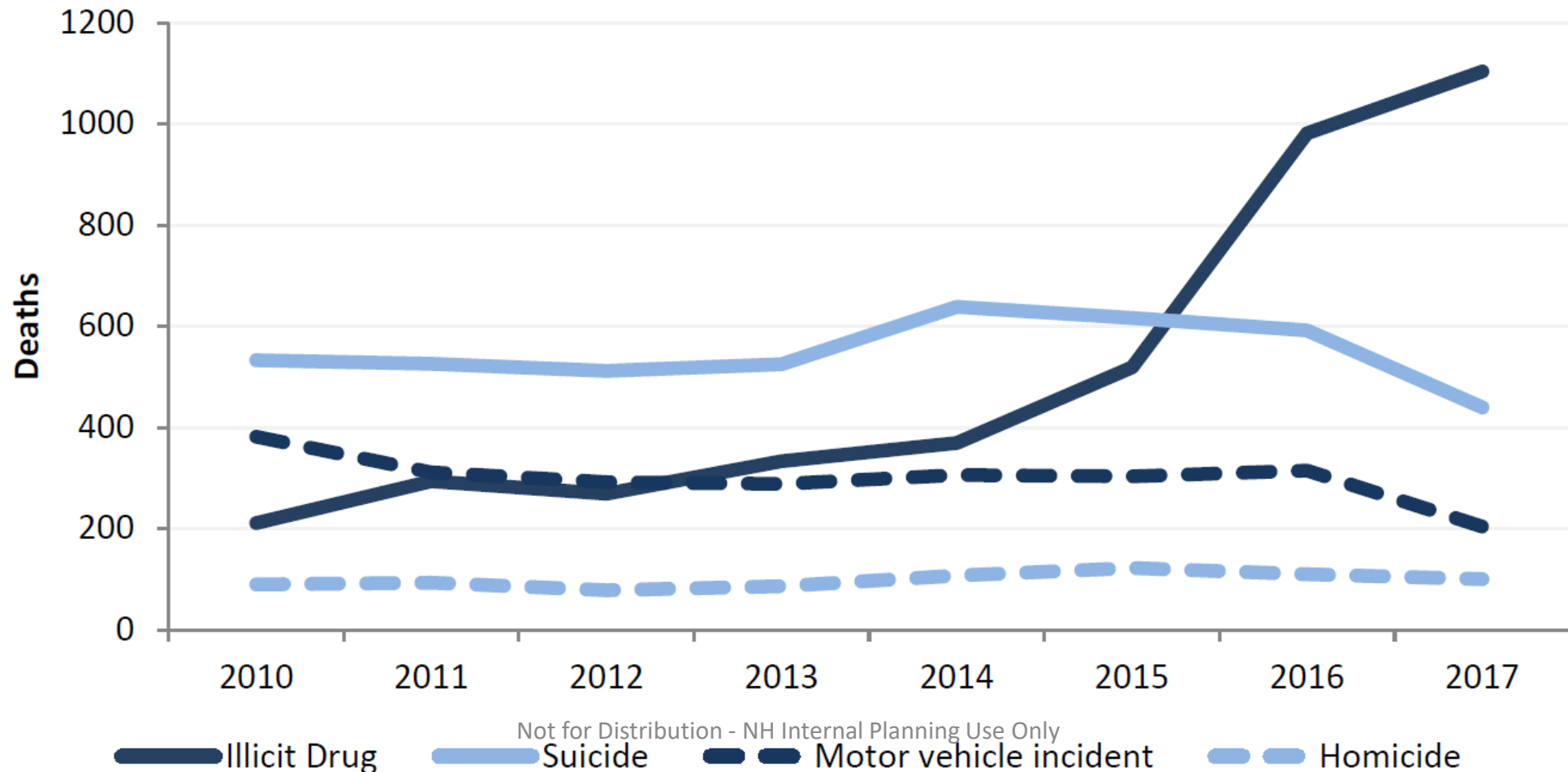


Prince George has the highest number of emergency room visits for overdose

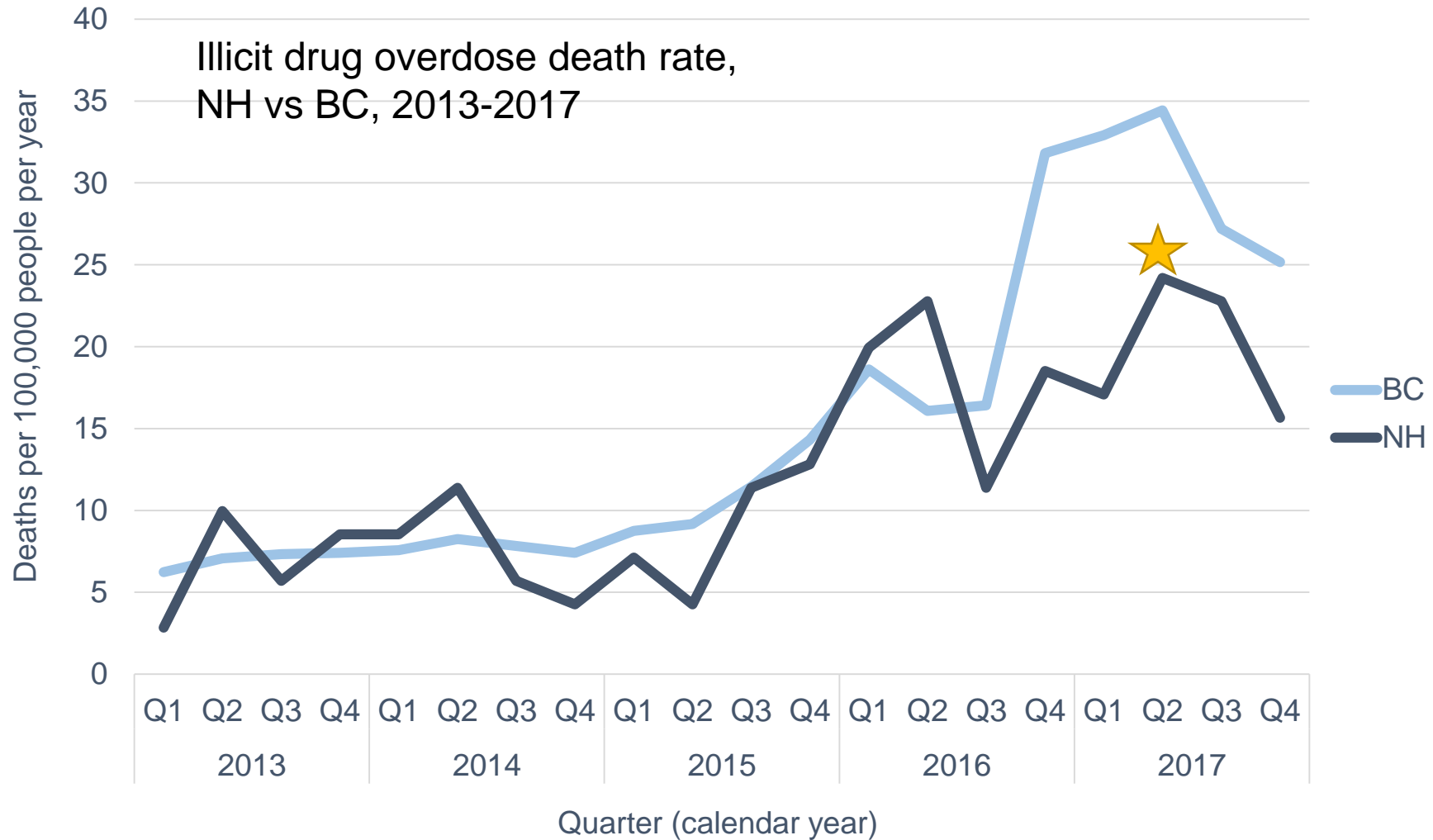


More illicit drug deaths in BC than any other unnatural cause of death

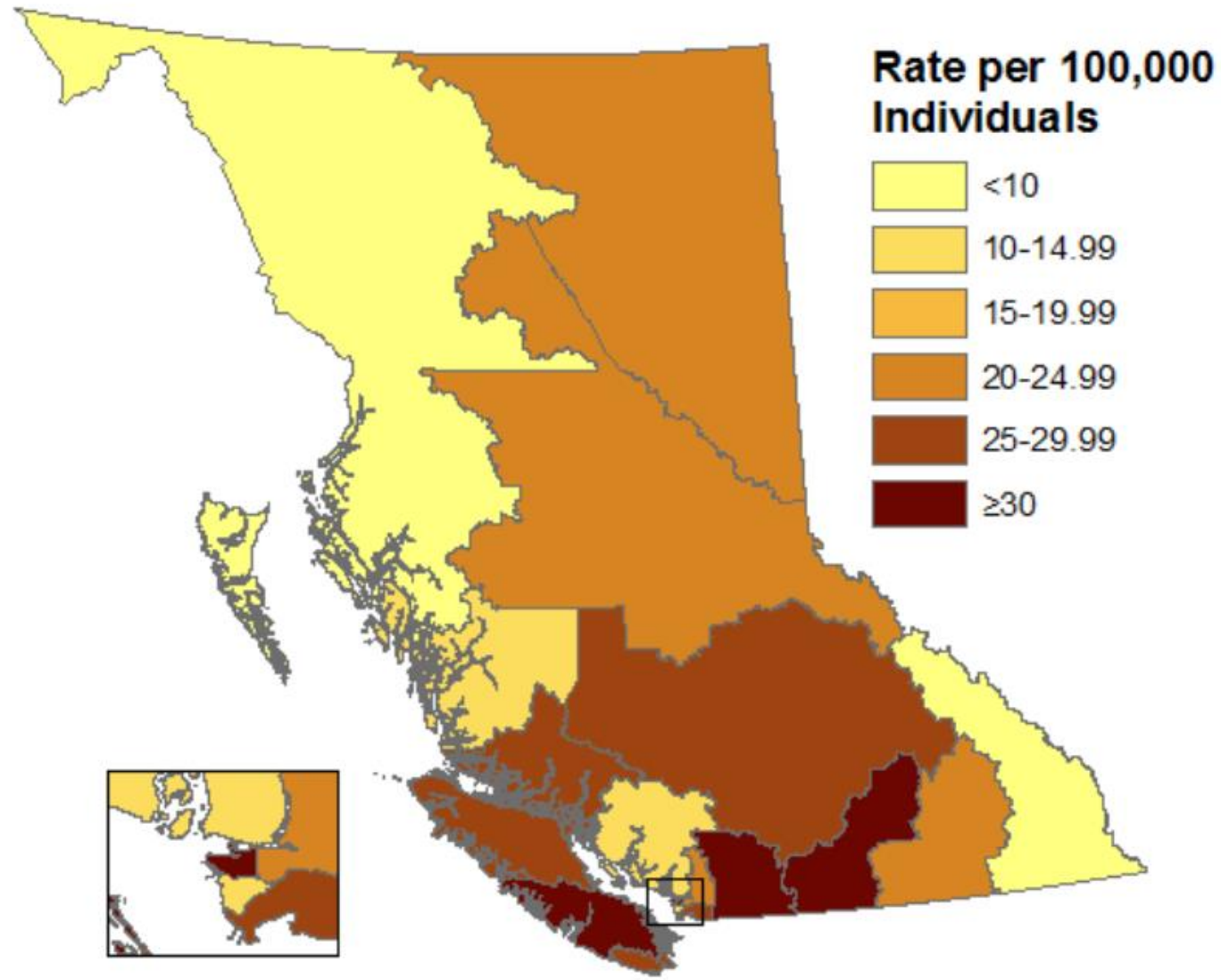
Major Causes of Unnatural Deaths in BC



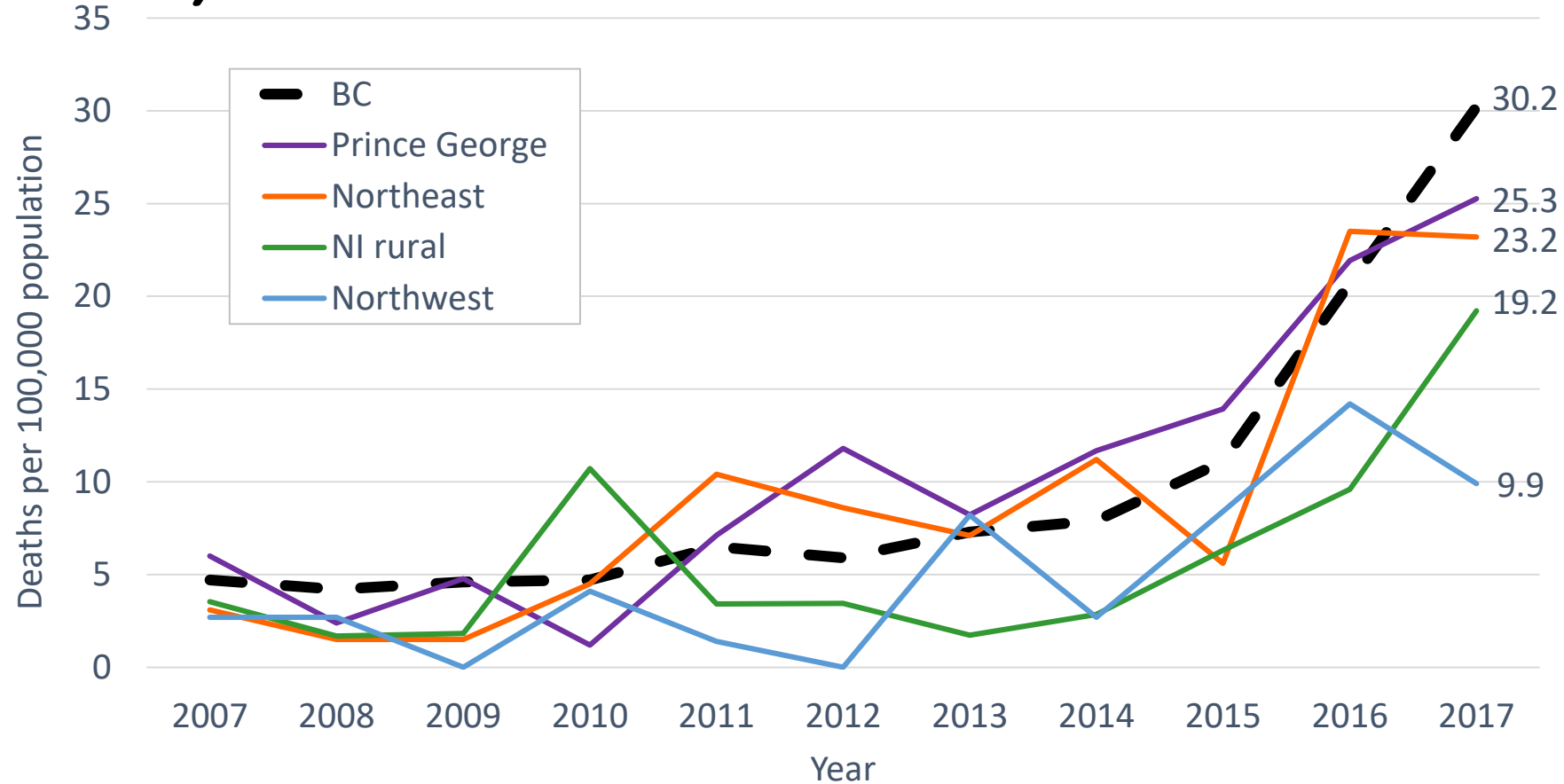
Lower rate of death in NH vs. rest of BC, but still much higher than in the past



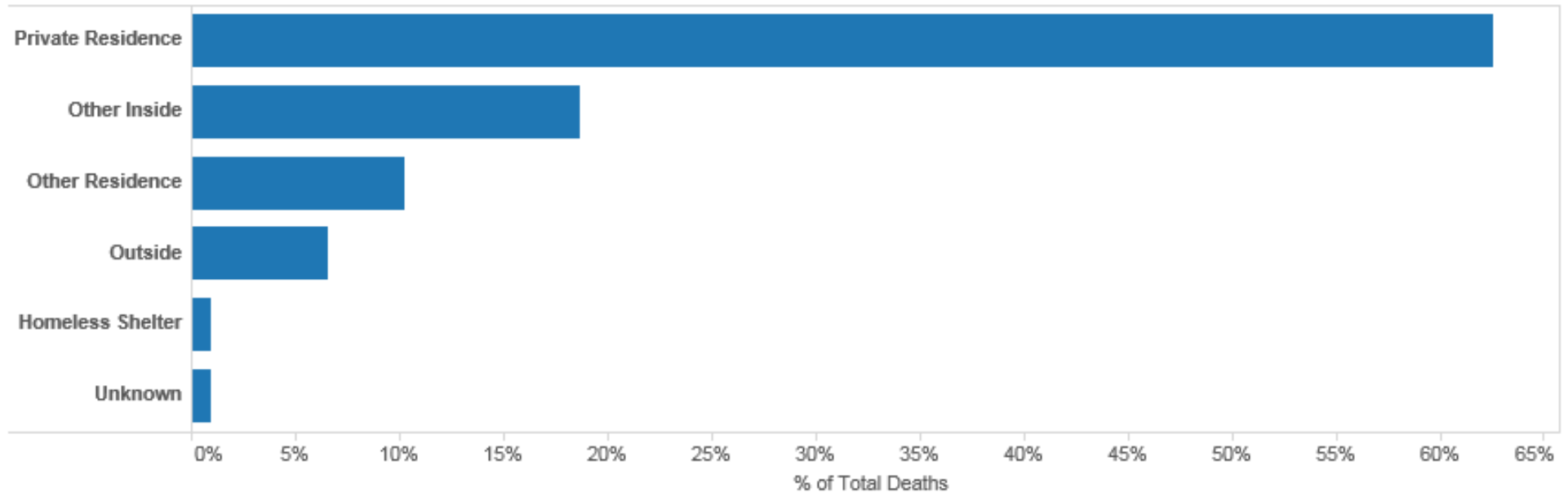
2017 Illicit Drug Overdose Death Rates by Health Services Delivery Area



Overdose death rate by HSDA NH vs BC, 2007-2017



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!)



Provincial Overdose Emergency Response Centre (OERC)

On December 1, 2017, the Ministry of Mental Health and Addictions launched the new Overdose Emergency Response

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

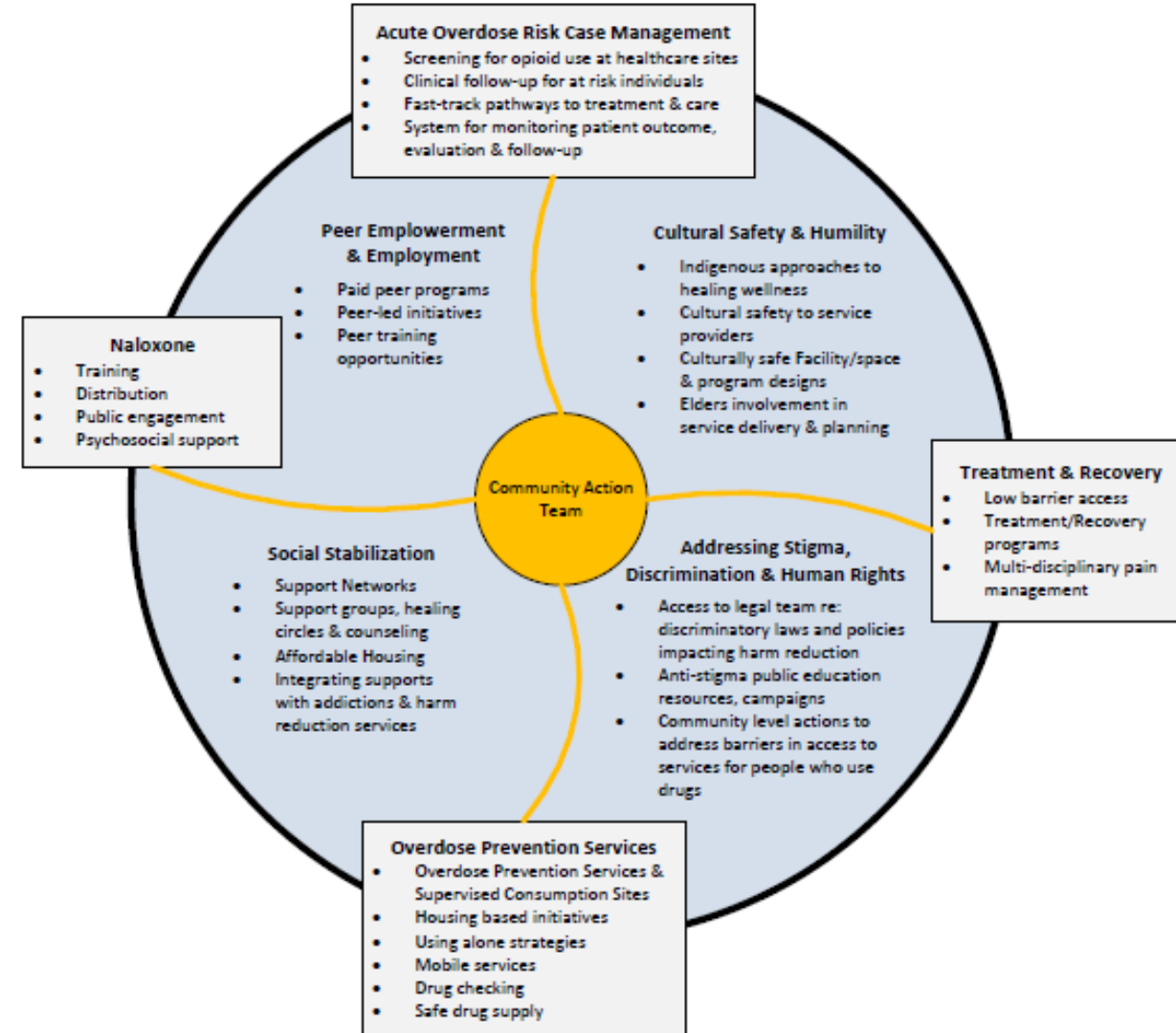
Peer employment and engagement

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



Community Action Team members and their level/type of engagement will vary from community to community. Representatives will play one or more roles on the team including: leadership, partnership, informing/advocacy, promotion, licencing, exchange of information

Membership may include:

Community Agencies, Division of Family Practice, First Nations Health Authority & Indigenous Community Agencies, First Responders, Health Authority, Local Government, Peers & Families, Recovery Programs

NH Opioid Emergency Response Operational Model

Provincial/Regional

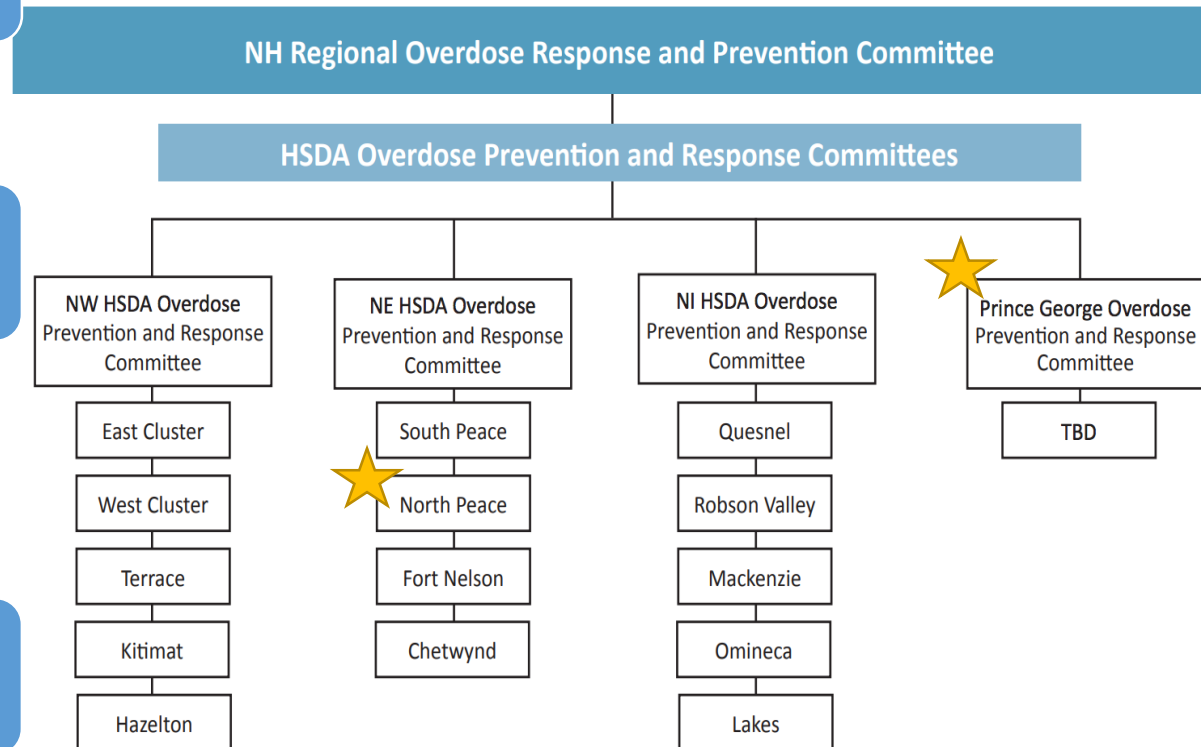
- Dr. Allison, Michelle Lawrence

HSDA

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

Local

- HSA, CSM, PHRN



Central FNHA

- Becky Palmer, Minda Richardson

Regional FNHA

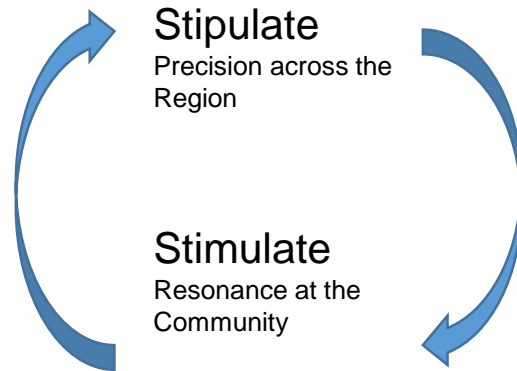
- Nicole Cross, Tammy Rogers, Karla Tait

Local FNHA

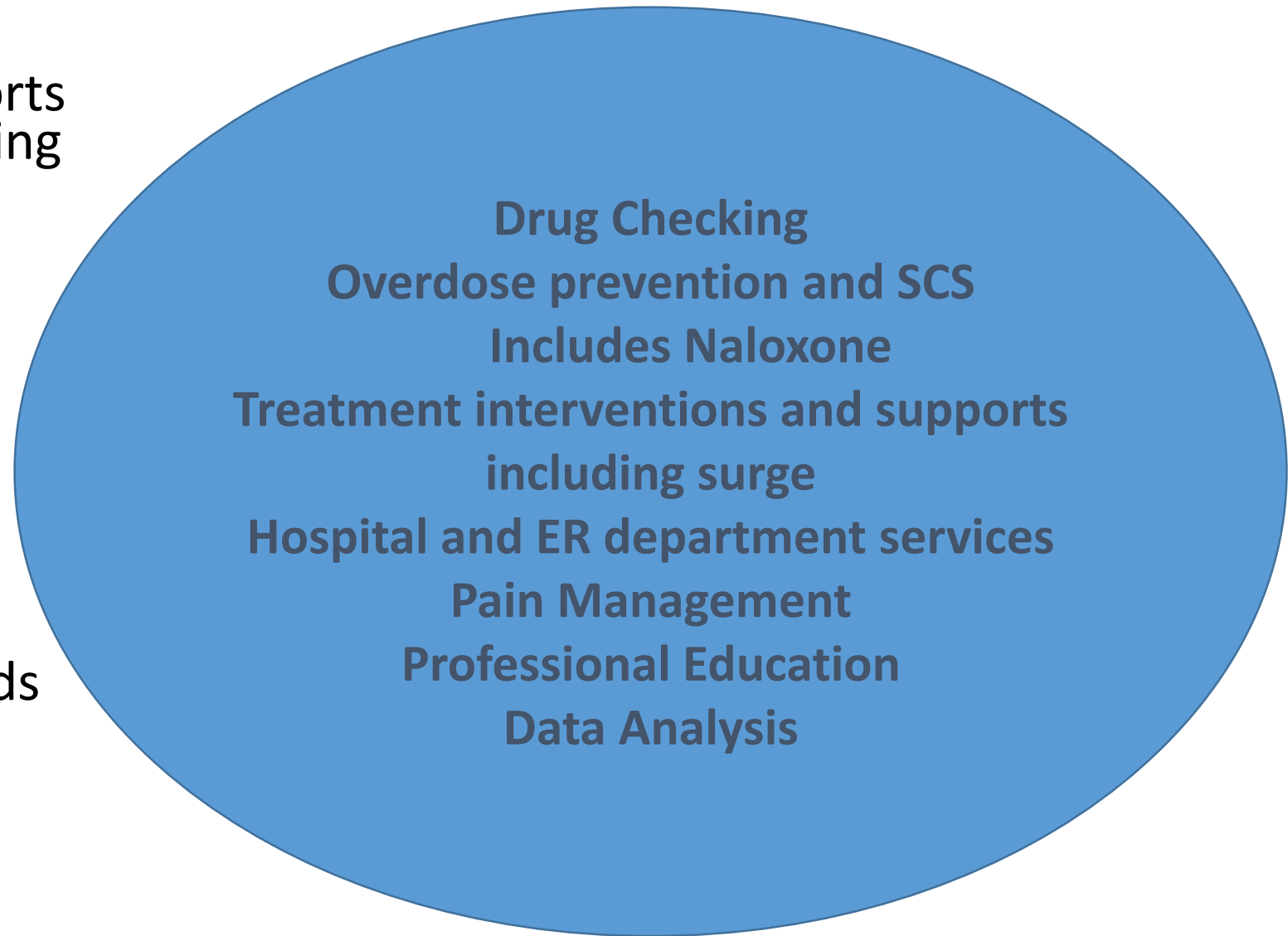
- Health Director or other
- Len Pierre – Wellness coordinator
- Community Engagement Coordinator

Detailed Operational Plan Implementation

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



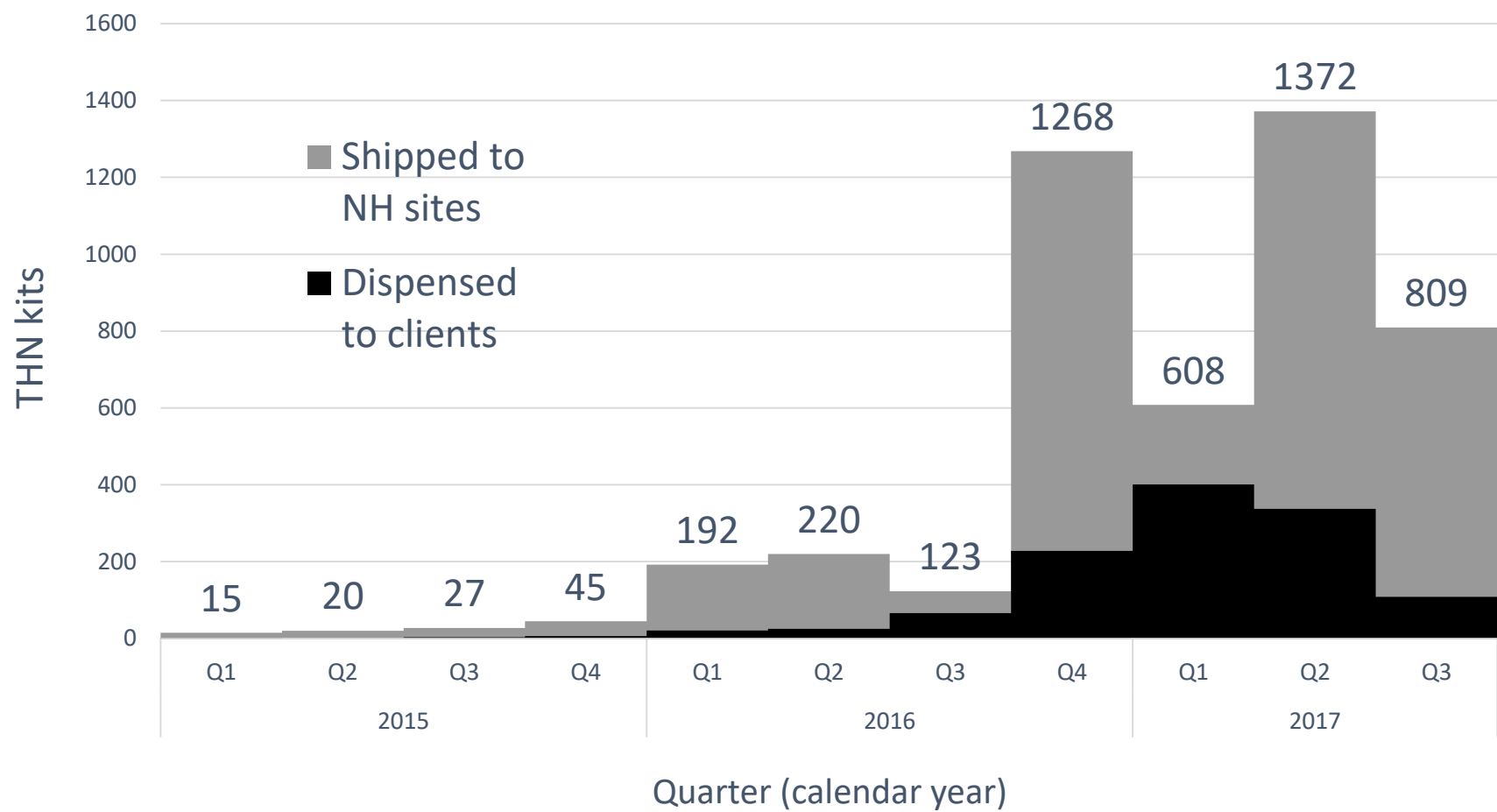
Respond to community needs
and readiness



By the Numbers - Distribution of Take Home Naloxone kits

NH, Jan 2015-Sep 2017

Essential Health Sector Actions



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 through out 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

Stop Stigma. Save Lives.


1/4 Stop Stigma. Save Lives: The impac...

Stop Stigma. Save Lives.

northern health
the northern way of caring

The stories shared as part of this project may trigger distressing feelings. If you need emotional support, please contact the 24-hour crisis line for northern B.C. at 1-888-562-1214.

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](#)

People who use drugs are real people

Get Informed
Overdose Awareness - Know the Risks & Signs

[GET INFORMED >](#)



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

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Health Service Administrators – Northern Interior

NI	FORT ST. JAMES HEALTH SERVICES	April Hughes	St. John Hospital 3255 Hospital Road, Vanderhoof, BC V0J 3A0 Phone: 250-567-6214 Email: april.hughes@northernhealth.ca	Nakazdli, Yekooche, Tlazt'en, Takla
NI	FRASER LAKE HEALTH SERVICE			Stellat'en, Nadleh Whut'en
NI	VANDERHOOF HEALTH SERVICES			Nakazdli, Yekooche, Tlazt'en, Takla, Saikuz
NI	QUESNEL HEALTH SERVICES	Debbie Strang	GR Baker Memorial Hospital 543 Front Street, Quesnel, BC V2J 2K7 Phone: 250-985-5618 Email: debbie.strang@northernhealth.ca	RedBluff Band, Nazko, Lhook'uz Dene, possibly Alexandria / Esdilagh
NI	PRINCE GEORGE HEALTH SERVICES	Aaron Bond (Interim)	UHNBC 1475 Edmonton Street, Prince George, BC V2M 1S2 Phone: 250-565-5835 Email: aaron.bond@northernhealth.ca	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.

Health Service Administrators – North East

NE	FORT ST. JOHN HEALTH SERVICES	Joanne Cozac	Fort St. John Hospital 8407 112 Ave, Fort St. John, BC V1J 0J5 Phone: 250-261-7535 Email: joanne.cozac@northernhealth.ca	Doig River FN, Blueberry River FN, Halfway River FN, West Moberly, Saulteaux and possibly Plains Cree from Alberta
NE	HUDSON'S HOPE HEALTH SERVICES			possibly West Moberly and Saulteau FN, but most folks would flow to Chetwynd where there is a hospital
NE	DAWSON CREEK HEALTH SERVICES	Kendra Kiss	Dawson Creek and District Hospital 111- 13th Street, Dawson Creek, BC V1G 3W8 Phone: 250-784-7346 Email: kendra.kiss@northernhealth.ca	Doig River FN, Blueberry River FN, Halfway River FN, West Moberly, Saulteaux FN, (Kelly Lake Cree / Metis) and possibly Plains Cree from Alberta
NE	TUMBLER RIDGE HEALTH SERVICES	Vacant (contact Kendra Kiss until vacancy filled)		No local reserve lands but FN folks are always present within the local community population
NE	CHETWYND HEALTH SERVICES			West Moberly and Saulteau FN
NE	FORT NELSON HEALTH SERVICES	Vacant (contact Angela DeSmit until vacancy filled)	NE Regional Office 230, 9900-100th Avenue, Fort St. John, BC V1J 5S7 Phone: 250-262-5297 Email: angela.desmit@northernhealth.ca	Fort Nelson FN, Prophet River FN, (Daylu Dena go to Yukon); some Deh Cho Dene from NWT

Health Service Administrators – North West

NW	ATLIN HEALTH SERVICES	Chris Simms	Mills Memorial Hospital 4720 Haugland Ave, Terrace BC V8G 2W7 Phone: 250-638-4021 Email: chris.simms@northernhealth.ca	Taku Tlingit, maybe some other Yukon bands e.g. Carcross Tagish
NW	STEWART HEALTH SERVICES			No local reserve lands but FN folks are always present within the local community population
NW	TERRACE HEALTH SERVICES			Kitsumkalum and Gitselasu/ Kitselas. There is also a signfant population of Nisga'a and Gitxsan peoples residing in the Terrrace area.
NW	DEASE LAKE HEALTH SERVICES	Cormac Hikisch	Bulkey Valley District Hospital 3950 8th Avenue PO Box 370 Smithers BC V0J 2N0 Phone: 250-847-6202 Email: cormac.hikisch@northernhealth.ca	Tahltan, Dease River Band (Good Hope Lake)
NW	HOUSTON HEALTH SERVICES			Wetsuwet'en
NW	SMITHERS HEALTH SERVICES			Wetsuwet'en (Moricetown) and Lake Babine Nation communities (Fort Babine, Tachet)
NW	PRINCE RUPERT HEALTH SERVICES	Heidi Johns	Prince Rupert Regional Hospital 1305 Summit Avenue, Prince Rupert, BC V8J 2A6 Phone: 250-622-6298 Email: heidi.johns@northernhealth.ca	Tsimshian Nations: Gitxaahla/Kitkatla, Gitga'at/Hartley Bay, Lax Kw' alaams, Metlatkatla. There is also a signicant population of Nisga'a peoples residing in the Prince Rupert area.
NW	MASSET HEALTH SERVICES			Haida - Old Massett
NW	QUEEN CHARLOTTE HEALTH SERVICE			Haida - Skidegate
NW	HAZELTON HEALTH SERVICES	Daryl Petsul (Interim)	Wrinch Memorial Hospital 2510 Hwy 62 Bag 999 Hazelton, BC V8C 2S3 Phone: 250-842-4403 Email: daryl.petsul@northernhealth.ca	Gitanmaax, Hagwilget, Kispiox, Sik-e-dakh, Gitsegukla, Gitwangak, Gitanyow.
NW	KITIMAT HEALTH SERVICES	Jonathan Cooper	Kitimat Hospital and Health Centre 920 Lahakas Blvd, South Kitimat, BC V8C 2S3 Phone 250-411-1212 Email: jonathan-cooper@northernhealth.ca	Haisla

Thank you