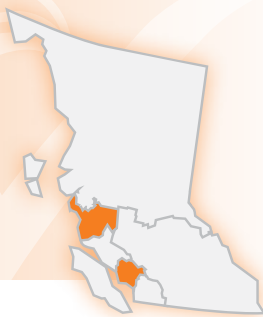


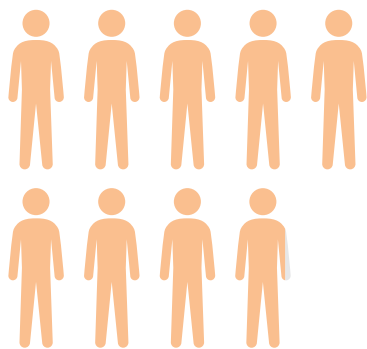
# TOXIC DRUG DEATHS AND EVENTS VANCOUVER COASTAL REGION

JANUARY - DECEMBER 2020



## TOXIC DRUG DEATHS

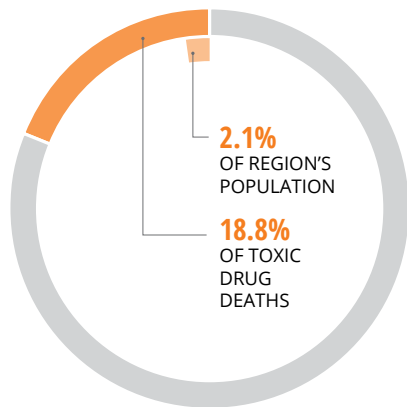
NUMBER OF PEOPLE WHO DIED  
OF TOXIC DRUGS



89

  
EQUALS  
10 DEATHS

FIRST NATIONS PEOPLE ARE  
DISPROPORTIONATELY REPRESENTED  
IN TOXIC DRUG DEATHS



## TOXIC DRUG EVENTS

NUMBER OF  
TOXIC DRUG  
EVENTS ATTENDED  
BY PARAMEDICS

705

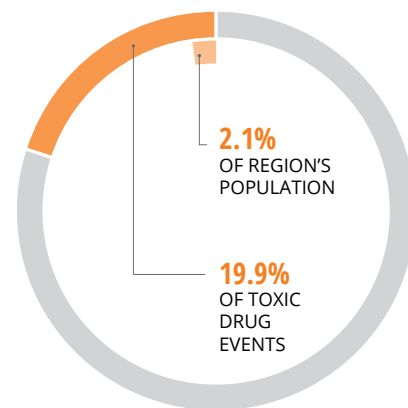
16.1↓

PERCENTAGE  
CHANGE COMPARED  
TO 2019†

PERCENTAGE OF EVENTS BY SEX



FIRST NATIONS PEOPLE ARE  
DISPROPORTIONATELY REPRESENTED IN  
TOXIC DRUG EVENTS



### NOTES ABOUT TOXIC DRUG EVENTS:

- Most toxic drug *events* are nonfatal and represent instances where paramedics were called and responded to an overdose, whereas toxic drug *deaths* represent people who overdosed and died.
- The negative impacts of single or repeated toxic drug 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](http://www.drugabuse.gov/drug-topics/health-consequences-drug-misuse/introduction)
- The data used to calculate the percentage of toxic drug 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 paramedic-attended toxic drug events are likely underestimated due to the limited availability of PHNs in the data. Unfortunately, not all toxic drug events have a PHN associated with it, but a PHN is necessary to identify if the person is First Nations.
- Toxic drug events that were reversed in community and events where 9-1-1 was not called are not captured in this data.

† In general, there is a lower percentage of records in Vancouver Coastal region that can be identified as First Nations people due to missing Personal Health Numbers (PHN), making it difficult to determine whether the decrease in toxic drug events for First Nations is due to missing data or a true decrease.

# ACTIONS TAKEN BY FNHA TO PREVENT TOXIC DRUG DEATHS

VANCOUVER COASTAL REGION JANUARY - DECEMBER 2020

## PREVENT PEOPLE FROM DYING



### ■ Distribution of naloxone (nasal spray and injectable):

- In the Vancouver Coastal region, the FNHA dispensed 11,678 doses of nasal naloxone spray to individuals through community pharmacies, and 355 nasal naloxone kits to 6 First Nations communities through bulk ordering in 2020 (each kit contains two doses).
- Across BC, the FNHA dispensed 18,484 doses of nasal naloxone spray to individuals through community pharmacies, and 4,215 nasal naloxone kits to 90+ First Nations communities through bulk ordering in 2020 (each kit contains two doses); worked with health system partners to distribute 7,943 injectable naloxone kits to 159 FNHA take-home naloxone sites from April to Dec. 2020 (each kit contains three doses).

### ■ Grants to harm reduction champions: distributed 17 community grants of \$2,500 each

## KEEP PEOPLE SAFE WHEN USING



### ■ Harm Reduction Policy: Approved Policy in January 2021 with five key action areas, including provision of Indigenous harm reduction services, expansion of substitution therapies, and support of pharmaceutical alternatives to toxic street drugs

### ■ Not Just Naloxone training: More than 100 people completed two-day virtual NJN training sessions

### ■ Commitment in place to hire 10 Indigenous Harm Reduction Educators and 10 Peer Coordinators to serve First Nations communities across the province

## CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS



### ■ Opioid agonist therapy (OAT): FNHA has supported 21 rural and remote First Nations communities to improve access to treatment options for opioid use disorder, including OAT; registered nurse prescribing planning is underway in seven communities

### ■ FNHA's Virtual Substance Use and Psychiatry Service was launched in the summer of 2020 and provides access to addictions specialists for assessments, treatment planning, access to OAT, withdrawal management, and pharmaceutical alternatives

### ■ Indigenous treatment and land-based healing services that are grounded in cultural teachings: 147 sites providing mental health and addictions services

### ■ First Nations Treatment and Healing Centres: Revitalization of six existing treatment centers and construction of new healing centres in Vancouver Coastal and Fraser Salish regions

### ■ OAT clinic fees: 223 people received subsidies to access OAT at medical clinics

## SUPPORT PEOPLE ON THEIR HEALING JOURNEYS



### ■ Difficult Conversations Webinar Series: Hosted four webinars and encouraged 450+ people to lean into difficult conversations about substance use. The webinars encourage family members, friends and loved ones to share their challenges in accessing harm reduction services and supports, and reframe the discussion to include Indigenous strengths and self-determination.

### ■ Indigenous Harm Reduction Community Council: Developed a province-wide network of Indigenous people working on Indigenous approaches to harm reduction and providing knowledge sharing across all regions

### ■ Unlocking the Gates: Supported 188 people during their release from incarceration to address the strong link between transitioning out of correctional facilities and subsequent toxic drug events and deaths

### ■ Promoting culturally safe services: Increased partnerships with Indigenous service providers and health system partners to address cultural safety and systemic anti-Indigenous racism in health services provided to Indigenous people