

FRASER HEALTH OVERDOSE RESPONSE PUBLIC REPORT

January – June 2023

<http://www.fraserhealth.ca/overdose>



Contents

3 - 7 Fraser Health Surveillance Summary

- Illicit Drug Toxicity Deaths
- Paramedic-Attended Toxic Drug Poisoning Events
- Overdose Prevention & Supervised Consumption Sites
- Drug Checking

8 - 12 Program Updates

- Fraser Health and BC Centre for Disease Control launch text alerts to flag toxic drugs in circulation
- Reducing harm and promoting health: Integrated Homelessness Action Response Teams are advancing our objectives and obtaining key results
- Increasing access to prescribed Opioid Agonist Treatment in our region

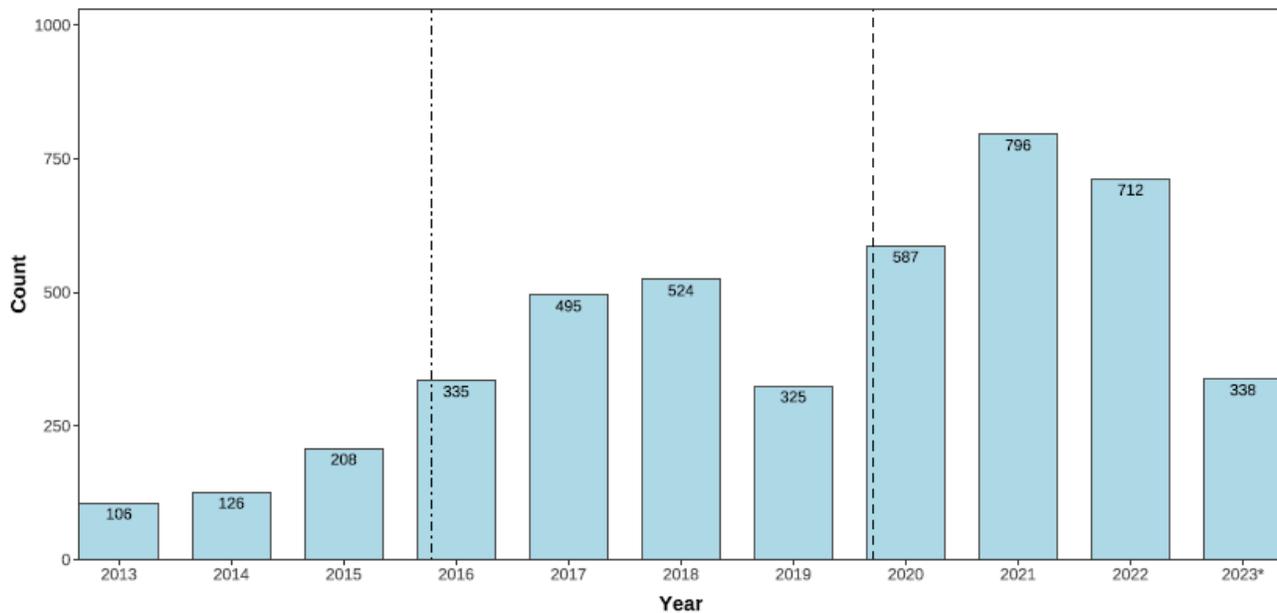
Surveillance Summary

January - June 2023

ILLICIT DRUG TOXICITY DEATHS

- Between January and June 2023, there were 338 deaths attributed to illicit drug toxicity in the Fraser Health region.
- In Fraser Health, the number of illicit drug toxicity deaths in 2023 is projected to decrease by 5% in comparison to the number of deaths 2022.

Figure 1: Illicit drug toxicity deaths within Fraser Health, January 2013 to June 2023



Toxic drug supply emergency declared on 14 April 2016 (two dash grey line)
 COVID-19 emergency declared on 17 March 2020 (short dash grey line)

Data source: BC Coroners Service to June 30, 2023.

Preliminary data, numbers subject to change. Numbers include both open and closed cases.

Illicit drug toxicity deaths reported by BC Coroners Service include those involving street drugs (heroin, cocaine, MDMA, methamphetamine, etc.), medications that were not prescribed to the deceased, combinations of the above, with prescribed medications, and where the origin of drug is not known.

*January to June 2023.

Table 1: Illicit drug toxicity deaths within Fraser Health, January 2022 to June 2023

Community**	Jan-Jun 2023	Jan-Dec 2022	% Change 2023* vs. 2022
Fraser East			
Abbotsford	44	91	-3
Chilliwack	35	50	40
Fraser North			
Burnaby	19	69	-45
Coquitlam	10	34	-41
New Westminster	16	32	0
Fraser South			
Langley	25	44	14
Surrey	116	243	-5
Other Communities	73	149	-2
Fraser Health	338	712	-5
BC	1,228	2,383	3

Data source: BC Coroners Service to June 30, 2022.

Preliminary data, numbers subject to change. Numbers include both open and closed cases.

Illicit drug toxicity deaths reported by BC Coroners Service include those involving street drugs (heroin, cocaine, MDMA, methamphetamine, etc.), medications that were not prescribed to the deceased, combinations of the above, with prescribed medications, and where the origin of drug is not known.

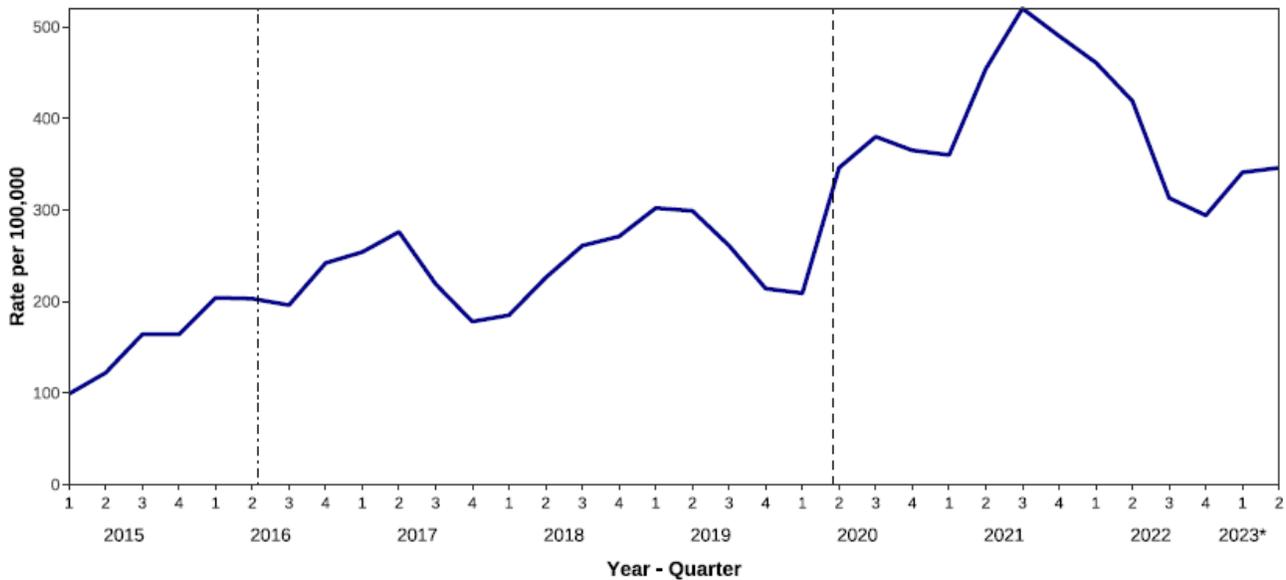
**Community assigned based on location of injury and if that is missing, location of death.

*Year to date; count annualized based on available months for 2023.

PARAMEDIC-ATTENDED TOXIC DRUG POISONING EVENTS

- Between January and June 2023, there were 594 paramedic-attended toxic drug poisoning events in the Fraser Health region.
- In Fraser Health, the rate of paramedic-attended toxic drug poisoning events per 100,000 population in 2023 is projected to decrease by 8% in comparison to the rate in 2022.

Figure 2: Quarterly rate of suspected paramedic-attended drug poisoning events within Fraser Health, January 2015 to June 2023



Toxic drug supply emergency declared on 14 April 2016 (two dash grey line)
 COVID-19 emergency declared on 17 March 2020 (short dash grey line)

Data source: Patient Care Record data from BC Emergency Health Services to June 30, 2022. Restricted to those 13 years of age or older.

Preliminary data, numbers subject to change. Numbers for the most recent month are likely an underestimate and will increase as entry of BC Ambulance Patient Care Form is completed. Numbers may change with data quality and analysis refinements and are not directly comparable to numbers reported previously.

Suspected toxic drug poisoning events include those associated with opioids or other drugs.

*January to June 2023.

Table 2: Suspected paramedic-attended toxic drug poisoning events within Fraser Health, January 2022 to June 2023

Community**	2023*			2022		% Rate change 2023* vs. 2022
	Jun (Avg. past 12 months~)	Jan-Jun	Rate per 100,000 population Jan-Jun	Jan-Dec	Rate per 100,000 population Jan-Dec	
Fraser East						
Abbotsford	104 (79.2)	489	663	1,289	892	-26
Agassiz / Harrison***	9 (<5)	25	503	39	399	26
Chilliwack	72 (52.7)	378	795	568	613	30
Hope***	6 (<5)	28	677	43	526	29
Mission	12 (24.6)	143	668	365	869	-23
Fraser North						
Burnaby	41 (43.8)	257	212	556	233	-9
Coquitlam	19 (28.6)	171	241	373	269	-10
Maple Ridge	54 (32.8)	248	581	482	579	0
New Westminster	37 (34.2)	225	578	419	549	5
Pitt Meadows	<5 (<5)	15	164	44	246	-33
Port Coquitlam	21 (11.6)	85	295	133	235	26
Port Moody / Anmore / Belcarra	<5 (<5)	24	133	54	154	-13
Fraser South						
City of Langley	17 (20.5)	110	853	321	1,258	-32
Delta	6 (11.1)	65	125	156	152	-18
South Surrey / White Rock	7 (11)	59	111	144	141	-22
Surrey	166 (167)	1,102	464	2,289	493	-6
Township of Langley	22 (19.1)	122	199	233	194	2
Fraser Health	594 (551.2)	3,546	395	7,508	427	-8

Data source: Patient Care Record data from BC Emergency Health Services to June 30, 2023. Restricted to those 13 years of age or older.

Preliminary data, numbers subject to change. Numbers for the most recent month are likely an underestimate and will increase as entry of BC Ambulance Patient Care Form is completed. Numbers may change with data quality and analysis refinements and are not directly comparable to numbers reported previously.

Suspected toxic drug poisoning events include those associated with opioids or other drugs.

**Community assigned based on location where the paramedics attended the event.

*Rate annualized based on available months for 2023.

~Average of past 12 months, does not include the most recent month.

***Rates may fluctuate due to small population size.

Counts under five are reported as <5 as they are potentially identifiable.

OVERDOSE PREVENTION & SUPERVISED CONSUMPTION SITES

Please see the Fraser Health website for a list of [overdose prevention sites](#) and [supervised consumption sites](#).

Table 3: Visits and overdoses reversed at overdose prevention sites and supervised consumption sites in Fraser Health, January-March 2023 and April-June 2023

Site Type	Visits for consumption		Overdoses reversed [^]	
	Jan-Mar 2023	Apr-Jun 2023	Jan-Mar 2023	Apr-Jun 2023
Overdose prevention sites	13,597	22,885	47	71
Supervised consumption sites*	1,931	-	39	-

Numbers may change with data quality and analysis refinements and are not directly comparable to numbers reported previously.

[^]Among visits for consumption.

*SafePoint temporarily operated as an overdose prevention site from March 2023 to June 2023.

DRUG CHECKING

To find a drug checking site near you, please click [here](#).

Table 4: Drug checking volumes in Fraser Health, January-March 2023 and April-June 2023

Quarter	Tests performed*	Fentanyl positive (all substances)	Take home tests distributed [~]
Jan-Mar 2023	1,085	763 (70%)	1,045
Apr-Jun 2023	1,261	873 (69%)	1,178

Data source: Agiloft, BC Centre for Substance Use, Public Health Units, Community and Mental Health Service Providers. Numbers may change with data quality and analysis refinements and are not directly comparable to numbers reported previously.

*A revised data collection instrument was implemented effective March 2021 to improve completeness of reporting.

[~]Data collection began March 2021.

Table 5: Drug checking by substance in Fraser Health, January-March 2023 and April-June 2023

Buy-as	Tests performed		Fentanyl positive		Benzodiazepine positive ⁺	
	Jan-Mar 2023	Apr-Jun 2023	Jan-Mar 2023	Apr-Jun 2023	Jan-Mar 2023	Apr-Jun 2023
Opioid [^]	512	653	490 (96%)	633 (97%)	314 (61%)	406 (62%)
Stimulant	171	219	13 (8%)	11 (5%)	2 (1%)	5 (2%)
Psychedelic	22	29	0 (0%)	1 (3%)	0 (0%)	2 (7%)
Depressant	9	21	1 (11%)	2 (10%)	8 (89%)	15 (71%)
Other**	151	123	74 (49%)	48 (39%)	44 (29%)	27 (22%)
All substances	865	1,045	578 (67%)	695 (67%)	368 (43%)	455 (44%)

Data source: BC Centre for Substance Use. Numbers may change with data quality and analysis refinements and are not directly comparable to numbers reported previously.

One substance may be tested positive for both fentanyl and benzodiazepine.

[^]Opioid includes heroin, fentanyl, or 'down'.

**Other includes substances mixtures. For example, heroin and methamphetamine, cocaine, and heroin.

+Due to limitations with Benzodiazepine Test Strips (BTS), BTS are only used in combination with Fournier Transform Infrared (FTIR) spectroscopy at Fraser Health, and are not provided for take home use.

Program Updates

Fraser Health and BC Centre for Disease Control launch text alerts to flag toxic drugs in circulation

With the launch of a new text message-based alert system, people in the Fraser Health region now have access to more information about toxic drugs circulating in the community.

Text notifications are now sent to subscribers who want timely information about illicit substances and increases in toxic drug poisonings in their region. Subscribing is easy – simply text **JOIN** to 253787.

Managed by the BC Centre for Disease Control, the Toxic Drug and Health Alerts System is rolling out across the province to help prevent toxic drug poisonings and overdose deaths. It's anonymous and free, though standard message and data rates may apply.

“So many lives have been lost to the toxic drug emergency in Fraser Health and across BC,” says Sheila Malcolmson, Minister of Mental Health and Addictions. “The Toxic Drug and Health Alerts System is one more tool that can save lives, along with the treatment beds, prevention, and harm reduction actions we are expanding with urgency.”

The Toxic Drug and Health Alerts system is also a platform for people to anonymously submit information such as date and location of drug overdose, a physical description of the drug and packaging, where the substance was purchased, and what it is believed to be. Community members—including those who use substances—are encouraged to submit information by texting **OD** to 253787.

Once received, the information is reviewed by harm reduction teams and used in conjunction with other sources to send text message alerts to subscribers. People who use drugs, community partners, emergency departments, first responders, drug user groups, and the BC Coroners Service all help inform alerts.

This new system is an additional layer to Fraser Health's existing email notification system that shares information about specific illicit substances in circulation or sudden increases in toxic drug poisonings in our region.

“The toxicity and unpredictability of the unregulated supply is driving drug poisoning deaths,” says Dr. Alexis Crabtree, public health physician, substance use and harm reduction with the Public Health Response team. “Ultimately, we need a regulated drug supply to reduce deaths. It's also important that, right now, we give people the best information we can about the unregulated supply. The text-based alert system is one way people can quickly receive information and alert others in their communities about particularly dangerous substances.”

The system was developed by the BC Centre for Disease Control and the Office of Virtual Health at the Provincial Health Services Authority in partnership with regional health authorities.

“As we grieve the lives that have been lost to the public health overdose emergency, it is critical that we look at new and timely ways of sharing information, gathered from people in our community who are witnessing the drug poisoning crisis firsthand,” says Dr. Victoria Lee, president and CEO, Fraser Health. “The

Toxic Drug and Health Alerts System is one piece of the integrated, wraparound approach we are taking to empower people who use substances to lead safer lives.”

Fraser Health is further supporting people to make informed decisions with the expansion of drug-checking services. Three portable Fourier-Transform Infrared Spectrometer (FTIR) machines are in use at supervised consumption and overdose prevention sites in the region.

FTIR testing can detect the chemical makeup of many substances, including opioids, stimulants and other psychoactive drugs. Between April and June 2022, 94 per cent of opioid samples checked tested positive for fentanyl and 48 per cent contained benzodiazepines as well.

Illicit drug toxicity is the leading cause of unnatural death in British Columbia and is second only to cancers in terms of years of life lost. At least 10,326 British Columbians, including 4,046 in Fraser Health, have lost their lives to the illicit drug supply since the public health emergency was first declared in April 2016.

Reducing harm and promoting health: Integrated Homelessness Action Response Teams are advancing our objectives and obtaining key results

Submitted by Isobel O'Connor-Smith, communications consultant, Communications and Public Affairs



Learn about the organizational priority work that Tabitha McLaughlin, Dana Ryane and the Integrated Homelessness Action Response Teams are doing to support clients across Fraser Health.

Tabitha McLaughlin and Dana Ryane, clinical operations managers for the Integrated Homelessness Action Response Teams (IHART) are passionate about the positive impacts their teams have been making in our

communities. Tabitha and Dana co-lead and support the teams in their outreach work to prevent harms caused by the toxic drug crisis.

IHART's story began during our pandemic response when Integrated Response Teams were working at Emergency Response and Isolation Centres.

"When COVID-19 hit, our community partners came together with Fraser Health to think about the pandemic's impact on folks that might be in congregate living situations like shelters or large families living together and how we could work together to keep them safer," explains Tabitha.

Fraser Health, BCHousing and community partners set out jointly to set up these centres, but soon realized their potential reach extended beyond shelters. They had an opportunity to support people who faced significant barriers accessing health care, opening possibilities for better health outcomes and positive changes for clients experiencing homelessness.

"We had a unique partnership where Fraser Health and shelter operators came together in a collaborative way. The benefit was, clients would not only have the folks who help provide shelter available to them but a whole health care team," says Tabitha.

Since then, the IHART model has evolved and expanded to be a regional network of multidisciplinary care providers who support the needs of people who are sheltered, unsheltered and living in encampments.

"IHART is filled with incredibly passionate, creative clinicians who care deeply about our priority populations and are always looking for innovative ways to deliver accessible care."

In simple terms, Tabitha says their teams' work is "really about reducing harm and promoting health." This includes working in partnership with clients in diverse settings so they can set goals of care together.

"I have been blown away with the innovation, creativity and solidarity that direct care clinicians participate in to support clients," she says.

For the IHART managers, there are countless proud moments of seeing their teams' work directly making a difference to others.

"I have many special moments in my day-to-day work. It may be a client calling out my name on the street or in the mall asking for us to help their friend like we helped them," Dana says.

"I think the proudest moments are walking alongside clients who may be ambivalent at first, but with rapport developed over time, seeing them trust us enough to provide accessible health care — watching them build enough courage and trust to attend in-person medical appointments, become stable on medications and transition into housing," she reflects.

Their prevention-driven approach also helps reduce unnecessary visits to the Emergency Department supporting the [organization's objective for integrated access to care](#).

"Building meaningful relationships supports the preventative approach on how things might be progressing for a client's health care status," says Tabitha.

Incorporating cultural safety and humility is imperative in their work.

“Our clients are diverse. Building a close working relationship with First Nations Health Authority and Aboriginal Health to make sure that when it comes to healing and wellness for folks who are in unsheltered or sheltered environments, we are making connections about what culturally-safe care would look like. It’s also about equipping staff on the reflective practices that are important for culturally-safe care,” says Tabitha.

What makes this team such a success?

“As a team, we are consistently looking for new solutions to bring care to the client. It starts at the first point of contact with the client, where we find out what the client’s goals are. We then work collaboratively within our interdisciplinary team to provide wrap-around holistic health care to the client. IHART goes to the client, and brings all care to the client. We don’t give up and if we can’t find the client – we keep looking,” Dana says.

As for the future...“We are going to hear lots of stories of folks that didn’t have a way to connect with us or maybe didn’t even feel safe to, but with a simple gesture of connection and making access to health care as low-barrier as possible – we are going to see something really special unfold over the next few years,” reflects Tabitha.

Preventing harms caused by toxic drugs is an organizational [Objective and Key Result](#) for Fraser Health. Our goal is to increase the number of clients referred to the Integrated Homelessness Action and Response Team (IHART) by 25 per cent by Q4. Thank you to Tabitha, Dana and their teams for advancing this work.

Increasing access to prescribed Opioid Agonist Treatment in our region

Submitted by Lee Erikson, clinical nurse specialist, Overdose Response and Vulnerable Populations



Under the September 16, 2020 public health order, Registered Nurses and Registered Psychiatric Nurses were authorized to prescribe Opioid Agonist Treatment (OAT). This month, Addiction Medicine consult team (AMCT) Nurses Adrienne Lutzke, Carla Rasing and Sundeep Purewal became the first authorized nurse prescribers in our region.

Adrienne, Carla and Sundeep are now working with AMCT physicians to provide Opioid Agonist Treatment (OAT) to patients at Burnaby Hospital, Royal Columbian Hospital and Surrey Memorial Hospital -- increasing our capacity to provide substance use care at these sites while facilitating safe patient discharges to the community.

Supporting nurses to prescribe Opioid Agonist Treatment (OAT) saves lives and provides opportunities for ongoing care and treatment if and when people are ready.

Dr. John Koehn, addiction medicine lead for AMCT says, “the feedback we’ve received from physicians, nursing staff and patients has been very positive at all three sites. Having nurse prescribers join our teams has enhanced our ability to provide excellent care to every patient with Opioid Use Disorder who comes to hospital. We’ve already seen our AMCT nurses improve the timeliness and consistency of care, especially for our most vulnerable patients, and help improve transitions back to the community, which we know is such a critical time.”

The next teams to include authorized nurse prescribers include the Surrey Intensive Case Management (ICM) team and selected OAT and Rapid Access to Addiction Care Clinics (RAAC). Future expansion includes rural and remote communities and working in partnership with First Nations Health Authority to support Indigenous communities.