

FRASER HEALTH OVERDOSE RESPONSE PUBLIC REPORT

July – December 2023

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



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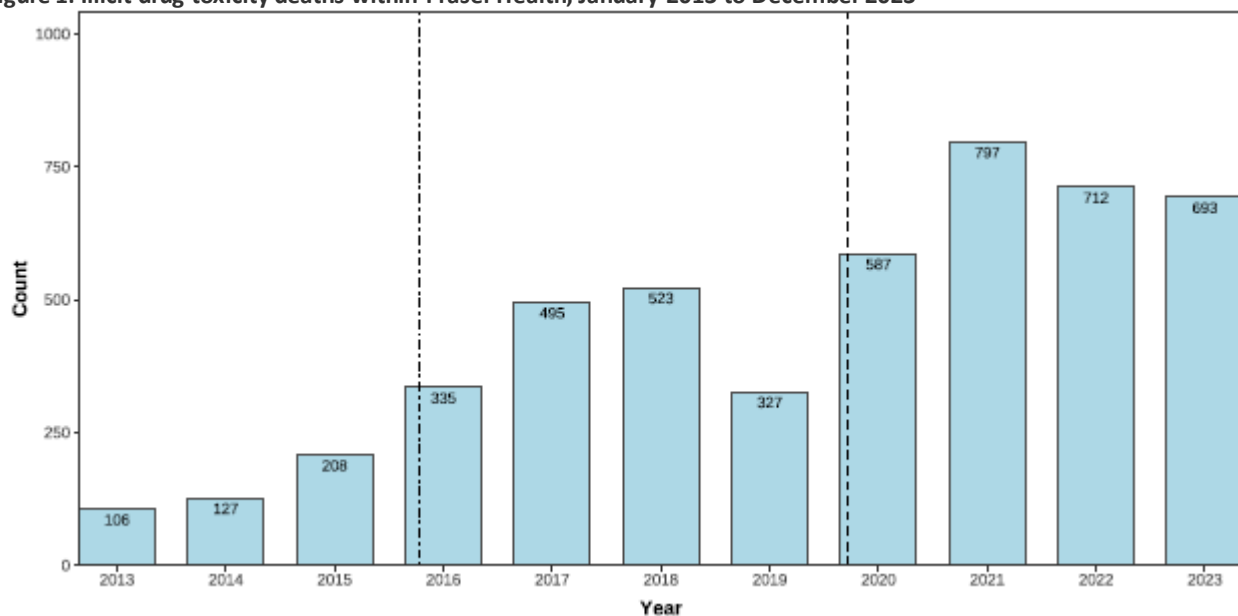
Surveillance Summary

July - December 2023

ILLICIT DRUG TOXICITY DEATHS

- Between July and December 2023, there were 343 illicit drug toxicity deaths in the Fraser Health region.
- In Fraser Health, the number of illicit drug toxicity deaths in 2023 decreased by 3% in comparison to the number of deaths in 2022.

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



Data source: BC Coroners Service to December 31, 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.

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

Community**	Jan-Dec 2023	Jan-Dec 2022	% Change 2023 vs. 2022
Fraser East			
Abbotsford	90	92	-2
Chilliwack	60	49	22
Fraser North			
Burnaby	50	69	-28
Coquitlam	25	34	-26
New Westminster	38	32	19
Fraser South			
Langley	47	44	7
Surrey	231	241	-4
Other Fraser Health Communities	152	151	1
Fraser Health	693	712	-3
BC	2,511	2,383	5

Data source: BC Coroners Service to December 31, 2023.

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

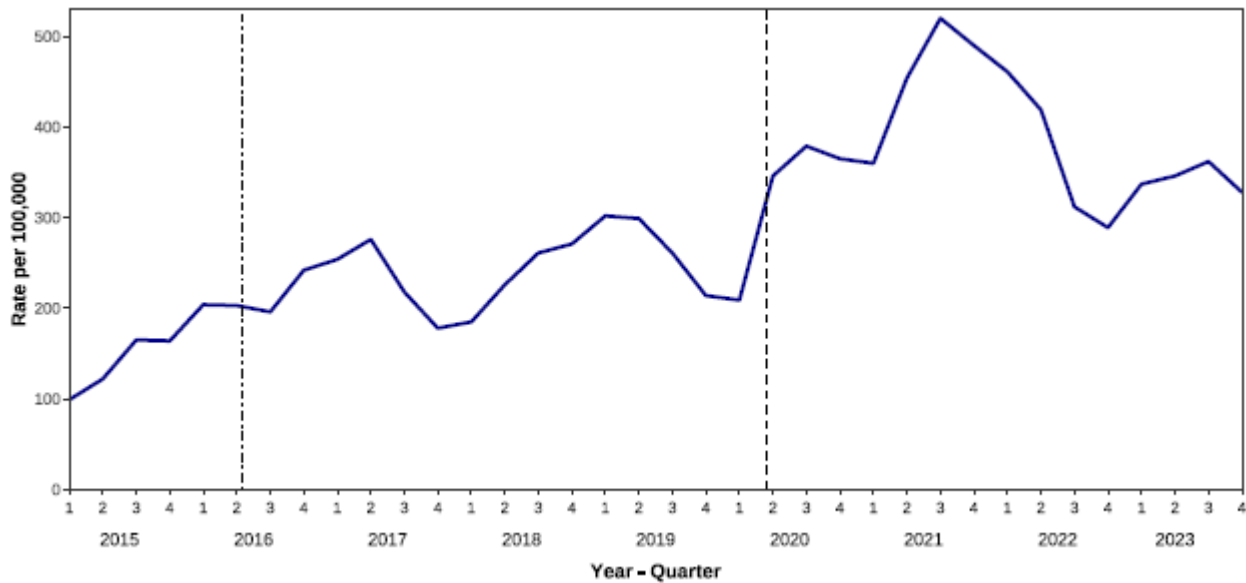
Illicit drug toxicity deaths reported by BC Coroners Service include those involving street drugs (heroin, cocaine, MDMA, methamphetamine, etc.), medications that were not prescribed to the deceased, combinations of the above, with prescribed medications, and where the origin of drug is not known.

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

PARAMEDIC-ATTENDED TOXIC DRUG POISONING EVENTS

- Between July and December 2023, there were 3,555 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 decreased by 7% in comparison to the rate in 2022.

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



Data source: Patient Care Record data from BC Emergency Health Services to December 31, 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.

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

Community**	2023			2022		Rate change 2023 vs. 2022
	Dec (Avg. past 12 months~)	Jan-Dec	Rate per 100,000 Jan-Dec	Jan-Dec	Rate per 100,000 Jan-Dec	
Fraser East						
Abbotsford	100 (80.8)	1,003	680	1,284	889	-24
Agassiz / Harrison^	<5 (<5)	43	432	39	399	8
Chilliwack	56 (60.7)	733	771	565	609	27
Hope^	5 (5.1)	60	725	43	526	38
Mission	16 (24.5)	269	628	365	869	-28
Fraser North						
Burnaby	40 (44.5)	535	221	551	231	-5
Coquitlam	17 (27.9)	330	233	373	269	-13
Maple Ridge	31 (38.8)	474	555	482	579	-4
New Westminster	24 (40.8)	469	602	418	548	10
Pitt Meadows	<5 (<5)	36	197	44	246	-20
Port Coquitlam	<5 (12.7)	147	255	131	231	10
Port Moody / Anmore / Belcarra	5 (<5)	51	142	54	154	-8
Fraser South						
City of Langley	21 (16.8)	205	795	321	1,258	-37
Delta	13 (11.6)	142	137	156	152	-10
South Surrey / White Rock	15 (10.2)	128	120	144	141	-15
Surrey	154 (182.5)	2,226	468	2,282	491	-5
Township of Langley	13 (19.5)	228	186	232	193	-4
Fraser Health	517 (587.3)	7,079	394	7,484	426	-7

Data source: Patient Care Record data from BC Emergency Health Services to December 31, 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.

~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, July-September 2023 and October-December 2023

Site Type	Visits for consumption		Overdoses reversed [^]	
	Jul-Sep 2023	Oct-Dec 2023	Jul-Sep 2023	Oct-Dec 2023
Overdose prevention sites	27,295	27,144	34	32
Supervised consumption sites	2,353	2,800	23	22

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

[^]Among visits for consumption.

DRUG CHECKING

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

Table 4: Drug checking volumes in Fraser Health, July-September 2023 and October-December 2023

Quarter	Tests performed*	Fentanyl positive (all substances)	Take home tests distributed [~]
Jul-Sep 2023	1,194	828 (69%)	839
Oct-Dec 2023	1,302	947 (73%)	1,262

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, July-September 2023 and October-December 2023

Buy-as	Tests performed		Fentanyl positive		Benzodiazepine positive ⁺	
	Jul-Sep 2023	Oct-Dec 2023	Jul-Sep 2023	Oct-Dec 2023	Jul-Sep 2023	Oct-Dec 2023
Opioid [^]	597	730	575 (96%)	704 (96%)	365 (61%)	496 (68%)
Stimulant	212	221	15 (7%)	23 (10%)	3 (1%)	19 (9%)
Psychedelic	34	24	2 (6%)	2 (8%)	0 (0%)	0 (0%)
Depressant	22	23	3 (14%)	8 (35%)	14 (64%)	18 (78%)
Other ^{**}	85	75	32 (38%)	26 (35%)	19 (22%)	25 (33%)
All substances	950	1,073	627 (66%)	763 (71%)	401 (42%)	558 (52%)

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, and prescription opioids.

^{**}Other includes substances mixtures. For example, fentanyl and methamphetamine, and fentanyl and cocaine.

⁺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

New Mobile Overdose Prevention Site Opens at Xwchíyò:m (Cheam First Nation)



On International Overdose Awareness Day (August 31st, 2023), Xwchíyò:m, First Nations Health Authority and Fraser Health came together to launch a new Mobile Overdose Prevention Site to support people who use substances and help prevent toxic drug poisonings and deaths.

The Cheam Mobile Overdose Prevention Site is a new service that includes a customized van where individuals can use their own substances knowing their consumption is witnessed by trained staff. In addition, monitored inhalation services are provided in a separate tent outside the van.

This is the first mobile overdose prevention site located in a First Nations community in B.C. aimed at reducing the harms associated with substance use while embracing an Indigenous-led approach that surrounds users of the site with traditional cultural supports and culturally safe care. In partnership with Xwchíyò:m (Cheam First Nation), First Nations Health Authority and Fraser Health, the new site is serving First Nations, Métis and all people living at Xwchíyò:m as well as those from Chilliwack, Agassiz, Rosedale and adjacent communities.

“The heart-wrenching impact of the toxic drug crisis on our people, families and communities requires a radical, multi-pronged response,” says Xwchíyò:m Chief Andrew Victor. “Our strategies must evolve to reduce harm and further deaths. Cheam welcomes this mobile overdose prevention site to help protect our loved ones in higher-risk behaviour.”

At the Cheam Mobile Overdose Prevention Site, outreach workers and peer support workers trained to reverse drug poisonings provide a safer environment for clients to consume their own substances.

Harm reduction supplies including Take Home Naloxone Kits and training on how to use them are also available. Care teams can help connect people to other health and social services that weave culture, community, teaching and connection to the land into conventional harm reduction services. Xwchíyò:m Wellness Advocates and Elders are available to engage with clients upon request.

The Cheam Mobile Overdose Prevention Site located at 52161 West Victor Drive is open from 1100 to 1900 hours daily.

Low-Barrier Health Care Hits the Road



Our Integrated Homelessness Action Response Team (IHART) has recently launched two new mobile health vans to provide better access to health care. The mobile health vans were launched in Fraser North and Fraser East in December 2023 and January 2024 respectively.

Through these new mobile health vans, IHART clinicians are breaking down barriers to health care access for people experiencing homelessness. Services provided include primary care, testing for sexually transmitted infections, wound and foot care, and referrals to community, social and other supports.

As homelessness rates increase in our communities, IHART clinicians continue to navigate space restraints, environmental concerns and lack of privacy when delivering outreach-based care to clients, including those who may live in encampments. Having a designated space to provide safe, confidential care to people no matter where they are helps the IHART team improve the client experience.

In addition to the mobile health vans, IHART partners with Lookout Housing and Health Society to operate five outreach vehicles to support transportation of clients and facilitate their access to care. Current

Lookout outreach support worker Simarjit Singh sees, every day, the benefits the mobile health vans and the transport vehicles bring to clients.

“The [transport vehicles] are an opportunity for clients to successfully receive care without barriers. Many clients have to bring all of their belongings with them [to receive support in health care sites] to avoid theft, and in some cases, busses are not able to accommodate this”.

Simarjit recounts how the transport vehicles also help strengthen the relationship between the client and our health care system. “The hospital may be the last place they want to be but on our drive, they share their story with me, we sometimes even cry together and all within a short time frame we may have changed the view on [whether] a client accesses care again”.

Clinical Operations Director, Sherif Amara, adds that “this new service [mobile health vans] provides an additional tool to bring care further into these remote, often secluded, settings. The ability for our clients to receive primary care in encampments will help alleviate the chronic nature of many of the health disparities experienced by people who are unhoused.”

The mobile health vans and transportation vehicles utilize a low barrier, empathetic and person-centred approach to support unhoused clients in accessing health care services.

New Team Providing Care for People Who Use Substances at Surrey Memorial Hospital



As a member of the new Episodic Overdose Prevention Services (eOPS) team at Surrey Memorial Hospital, Tara Jeeves is helping to reduce the harms from the toxic drug supply by providing witnessed consumption of substances for patients and visitors.

Outreach worker Tara Jeeves considers it a blessing and an honour to connect people to care when they are at their most vulnerable.

“Sometimes, just holding an umbrella and being there for someone can build trust because I speak their language,” says Tara. “My life went sideways when I was 47 years old, and I also struggled with substance use.”

Tara and her colleagues on the Episodic Overdose Prevention Services (eOPS) team escort patients to designated areas outside of the hospital, or to the overdose prevention site at Quibble Creek Sobering and Assessment Centre, to have their substance use witnessed. The team also provides discreet service outside of the hospital for those who smoke or inhale substances.

“People who use substances face multiple barriers in accessing care,” says Erin Gibson, manager, Clinical Operations, Toxic Drug Response and Priority Populations. “Many people won’t disclose their substance use due to the stigma that comes with it, so by having an advocate to help them through the system and providing a safe and supportive environment, our eOPS team is helping to keep people engaged in care so they get the health services they need.”

EOPS complement existing overdose prevention and supervised consumption services by providing witnessed consumption in a variety of places where people may use substances and can include shelters, congregate housing, community-based settings and clinics. This is Fraser Health’s first hospital-based eOPS team.

The team helps people address their substance use while in hospital, and also provides overdose prevention education, harm reduction supplies, including Take Home Naloxone kits, as well as facilitating referrals to treatment and other mental health and substance use services.

“There was a time when I didn’t know there were services available to help me,” explains Tara. “I recently had a guy come up to me outside the hospital and say, ‘Thank you for what you’re doing.’ I replied, ‘You’re welcome.’ And he said, ‘No, seriously, thank you for treating us like human beings.’”

“I know what he meant,” adds Tara, “because I’ve been there.”