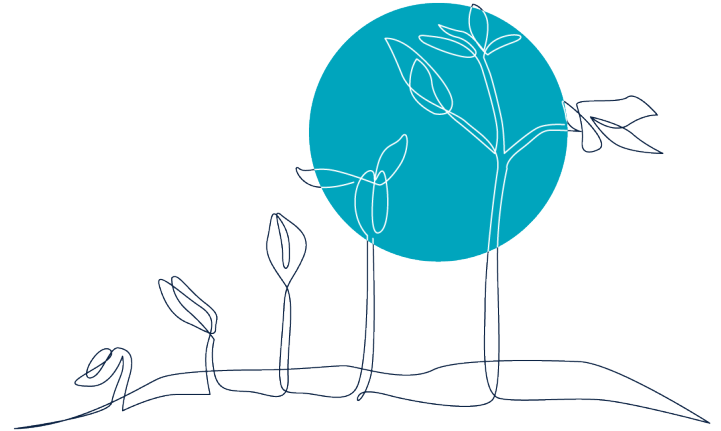


# Illicit Drug Toxicity Crisis: Prevention and Management Strategies for Optimal Patient Care

March 7, 2023 | 1830–2000 PST

**NOTE:** The webinar (and audio) will start at 6:30PM



THE UNIVERSITY OF BRITISH COLUMBIA

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Ask your questions: [slido.com](https://www.slido.com) | [#march2023](https://twitter.com/march2023)



# DISCLOSURES

## Planning Team

- **Alexis Crabtree (Moderator):** No conflicts of interest
- **Dr. Bob Bluman. (UBC CPD):** No conflicts of interest
- **Stephanie Ameyaw (UBC CPD):** No conflicts of interest
- **Nicole Esligar (UBC CPD):** No conflicts of interest
- **Naeema Al-Mridha (UBC CPD):** No conflicts of interest

# DISCLOSURES

## Panelists

- **Dr. Nolan Hop Wo:** No conflicts of interest
- **Dr. Paxton Bach:** No conflicts of interest
- **Corey Ranger:** No conflicts of interest
- **Cherlyn Cortes:** No conflicts of interest
- **Dr. Gabrielle Rabu** No conflicts of interest
- **Dr. Bohdan Nosyk:** No conflicts of interest
- **Charlene Burmeister:** No conflicts of interest



First Nations Health Authority  
Health through wellness

# UBC CPD Illicit Drug Toxicity Webinar

**Dr. Nolan Hop Wo**

Medical Officer – Mental Health & Substance Use  
First Nations Health Authority

*March 7 2023*

# Disclosure

- No Disclosure



First Nations Health Authority  
Health through wellness

# FIRST NATIONS AND THE TOXIC DRUG POISONING CRISIS IN BC

JANUARY - JUNE 2022

SUSTAINED HIGH RATES OF TOXIC DRUG DEATHS ARE AFFECTING FIRST NATIONS FAMILIES AND COMMUNITIES ACROSS BC EVERY DAY.



## TOXIC DRUG POISONING DEATHS

NUMBER OF PEOPLE WHO DIED OF TOXIC DRUG POISONING

7.7%

increase in toxic drug deaths compared to the same period in 2021. Note that 2021 saw the highest number of deaths on record and this 7.7% increase is in addition to that.

2022 (JAN-JUN)



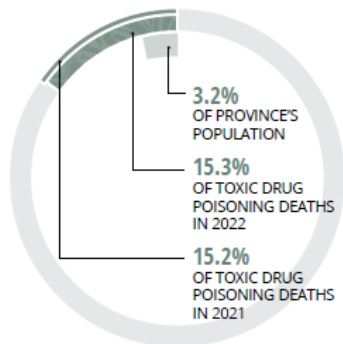
168

2021 (JAN-JUN)



156

FIRST NATIONS PEOPLE ARE DISPROPORTIONATELY REPRESENTED IN TOXIC DRUG POISONING DEATHS



## RATE OF TOXIC DRUG POISONING DEATH

5.3 x First Nations people died at 5.3 times the rate of other BC residents in 2022 (Jan-June). This number was 5.4 for the same time period in 2021.

8.8 x First Nations women died at 8.8 times the rate of other female BC residents in 2022

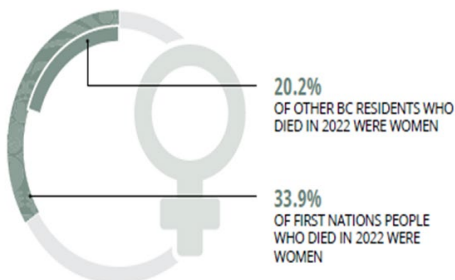
4.4 x First Nations men died at 4.4 times the rate of other male BC residents in 2022

2022 (Jan-Jun)  
DEATHS OF FIRST NATIONS PEOPLE BY GENDER



*Indigenous people who are not recognized as having First Nations status under the Indian Act are not represented in our toxic drug data. Additionally, two-spirit, transgender, non-binary, intersex, and gender diverse people may be identified by the biological sex assigned at birth, and therefore misidentified in the toxic drug data. The FNHA is committed to working with provincial partners towards meaningful, systemic change that will make more inclusive data collection possible.*

FIRST NATIONS WOMEN EXPERIENCE VERY HIGH RATES OF TOXIC DRUG POISONING DEATH



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. You may find this information distressing. Cultural support is available at Tsow Tun Le Lum Society. Call 1-888-403-3123 (toll-free) or visit [www.tsowtunlelum.org](http://www.tsowtunlelum.org)

# ACTIONS TAKEN BY THE FNHA TO PREVENT DRUG POISONING DEATHS

JANUARY - JUNE 2022

## PREVENT PEOPLE FROM DYING



- **Distribution of naloxone (nasal spray and injectable):** From Jan-Jun 2022, the FNHA dispensed:
  - 1,334 doses of nasal naloxone spray to individuals through community pharmacies, and
  - 4,165 nasal naloxone kits (each kit contains two doses) to 70 First Nations communities and organizations through bulk ordering.
  - The FNHA also collaborated with health system partners in their distribution of 3,750 injectable naloxone kits (each kit contains three doses) to 163 First Nations take-home naloxone sites.
- **Harm reduction-related grants:** The FNHA provided 87 harm reduction project grants of up to \$50,000 each to First Nations and Indigenous organizations and 11 "kickstarter" grants of \$1,200 - \$2,500 to harm reduction champions.

## KEEP PEOPLE SAFE WHEN USING



- **Not Just Naloxone training:** 128 people completed virtual training sessions between January and June 2022; in these one- and two-day virtual workshops, participants learn how to use naloxone within a holistic context that also explores the root causes of addiction, racism and prohibition in Canada, decolonizing substance use, and community and individual resilience.
- **Harm reduction community visits:** From January to June 2022, 148 people participated in in-person community engagement and education sessions, that focused primarily on naloxone training and also included various other types of harm reduction education.
- **Regional staff:** Expanded toxic drug response capacity with 10 Harm Reduction Educators and 10 Peer Coordinators who are deployed across all five regions in urban hotspots, based on health surveillance data, and five Child and Youth Care Community Coordinators who work to build youth connections and networks in First Nations communities.
- **First Nations Harm Reduction Policy:** The FNHA has worked to implement the five key action areas of the Policy, including provision of First Nations harm reduction services, expansion of substitution therapies, support for safer supply of illicit drugs, and bringing First Nations concerns to BC's proposed decriminalization of people who use illicit drugs.

## CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS



- **Opioid agonist therapy (OAT):** From January to June 2022, FNHA supported 30 rural and remote First Nations communities to improve access to treatment options for opioid use disorder, including OAT; registered nurse prescribing has been approved at five First Nations sites, with planning underway at seven other locations; and 26 nurses are enrolled in prescribing education (nine have completed training and preceptorship).
- **First Nations Virtual Substance Use and Psychiatry Service:** Psychiatrists and addictions specialists held 974 virtual sessions and care coordinators had 476 encounters with First Nations people and their family members to support access to culturally safe care planning, treatment and healing.
- **Indigenous and land-based healing:** Ongoing collaboration with partners and Indigenous service agencies to support and increase access to Indigenous treatment and land-based healing services that are grounded in cultural teachings.
- **First Nations treatment and healing centres:** Ongoing activities to revitalize six existing treatment centers across the province and construct two new healing centres in the Vancouver Coastal and Fraser Salish regions.
- **OAT clinic fees:** 259 people received subsidies to access OAT at medical clinics.

## SUPPORT PEOPLE ON THEIR HEALING JOURNEYS



- **Courageous Conversations series, Indigenous Women's Megaphone Speakers Bureau, and educational harm reduction webinars:** Hosted 11 webinars in which 712 people participated in difficult conversations about substance use and harm reduction
- **Indigenous Harm Reduction Community Council:** Convened and consulted a province-wide network of Indigenous people working on Indigenous approaches to harm reduction and sharing knowledge across all regions; developing a web portal to support this collaboration.
- **Unlocking the Gates:** Supported 140 people during their release from incarceration to address the link between transitioning out of correctional facilities and subsequent toxic drug poisoning events and deaths.
- **Promoting culturally safe services:** Nurtured 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.

# Thank you!

**Gayaxsixa** (Hailhzaqvla)

**Kw'as ho:y** (Halq'eméyem)

**Mussi Cho** (Kaska Dena)

**Huy tseep q'u** (Stz'uminus)

**Huy ch q'u** (Hul'qumi'num)

**Tooyksim niin** (Nisga'a)

**Haa'wa** (Haida)

**Kwukwstéyp**

**Kukwstsétsemc**  
(Secwepemc)

**Gila'kasla** (Kwakwaka'wakw)

(Nlaka'pamux)

**Ćεćεhaθεć** (Ayajuthem)

**Kleco Kleco** (Nuu-Chah-Nulth)

**HÍSWKE** (Sen'cōten)

**Sechanalyagh** (Tsilhqot'in)

**Snachailya** (Dakelh)

**T'oyaxsim nisim**  
(Gitxsan)



# Insights from a population-level study on Opioid Use Disorder in British Columbia

**Principal Investigator: Dr. Bohdan Nosyk**

Faculty of Health Sciences, Simon Fraser University

Health Economic Research Unit, Centre for Health Evaluation and Outcome Sciences

*In Partnership with the First Nations Health Authority, BC Ministry of Health and Ministry of  
Mental Health and Addictions*

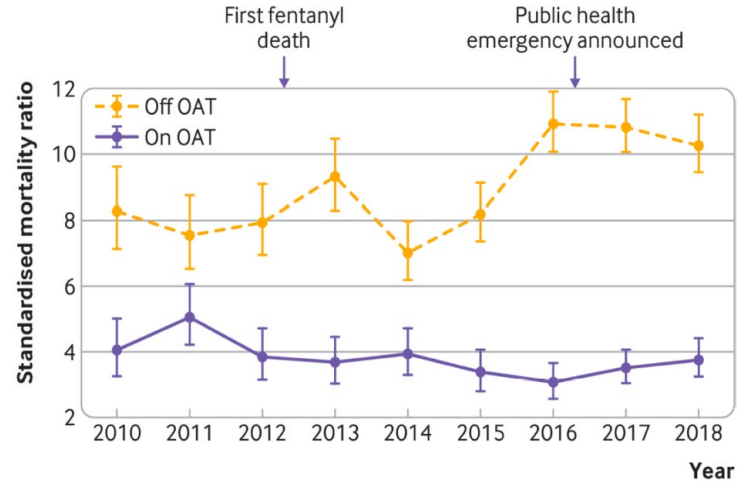
*No Conflicts of Interest to Declare*

# Acknowledgement

This work is conducted on the unceded territory of the Coast Salish peoples, including the territories of the x<sup>w</sup>məθk<sup>w</sup>əyəm (Musqueam), Skwxwú7mesh (Squamish), and Səl'ílwətaʔ (Tseil-Watuth) Nations.

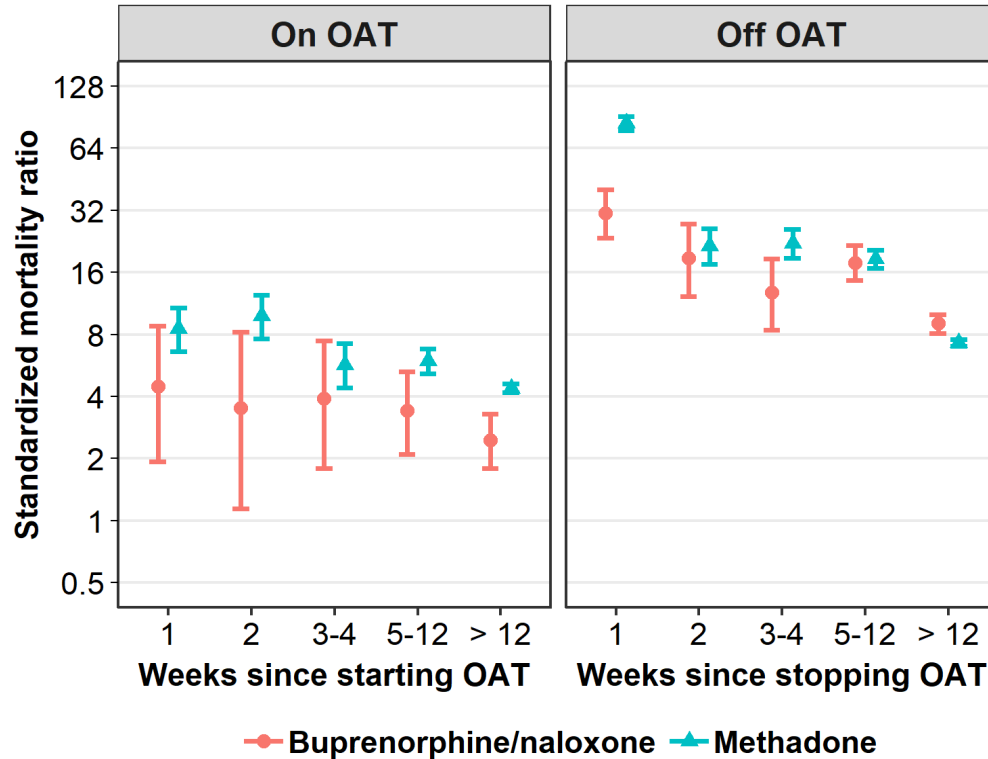
# Opioid Agonist Treatment protects against mortality, even in the fentanyl era

- Opioid agonist treatment (OAT) is the evidence-based standard of care for OUD and has proven effective in reducing the risk of mortality.
- Increased relative protective effect of OAT after the first fentanyl death was detected in BC.



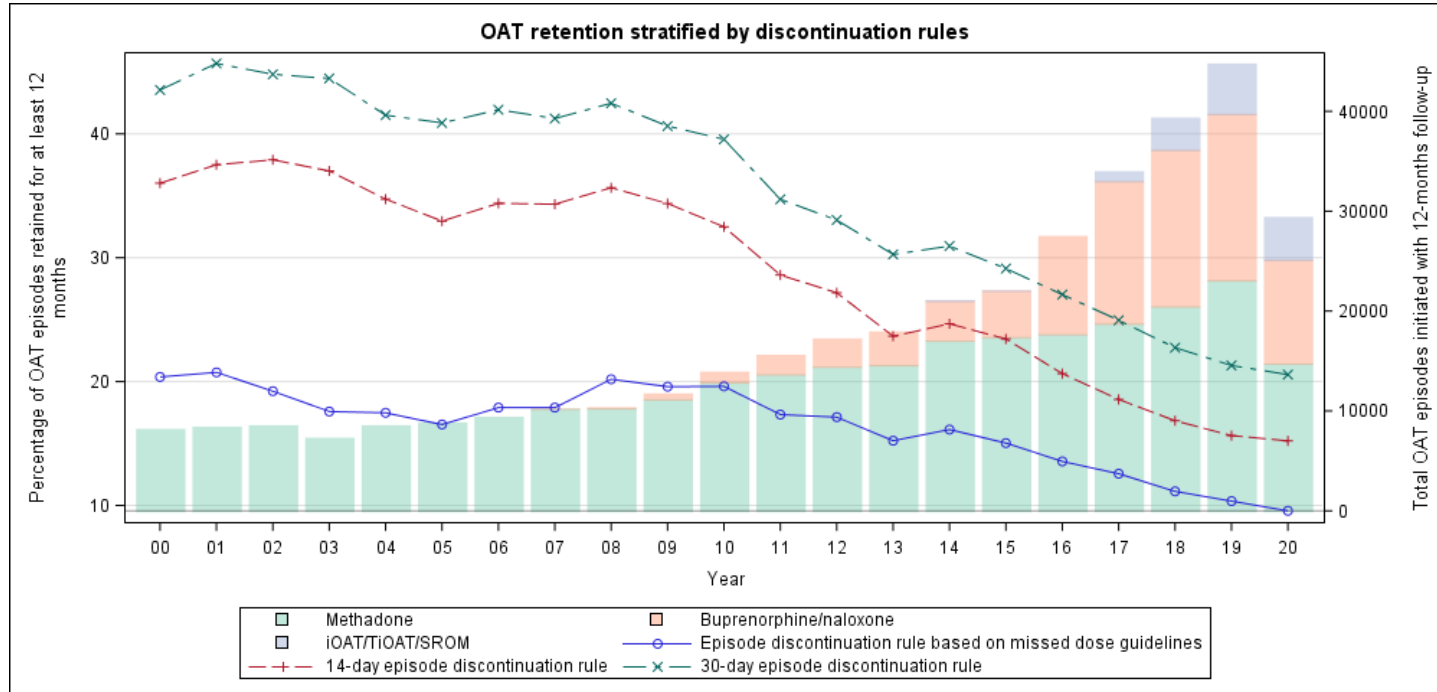
Pearce et al. BMJ 2020; 368:m772.

# Mortality risk is highest in the weeks after OAT discontinuation



Pearce et al. BMJ 2020; 368:m772.

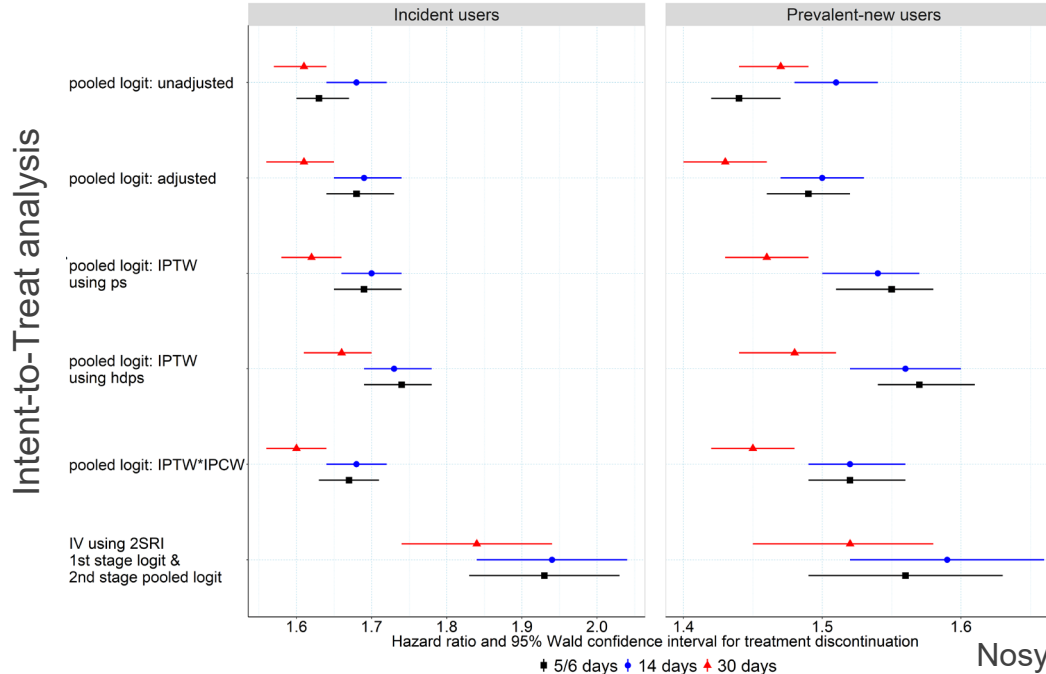
# OAT retention is on the decline in BC



Nosyk et al, in progress.

- OAT retention declining for the past 12 years
- Changes in: availability of medications, dosing/clinical practice
- Introduction of fentanyl into the illicit drug supply

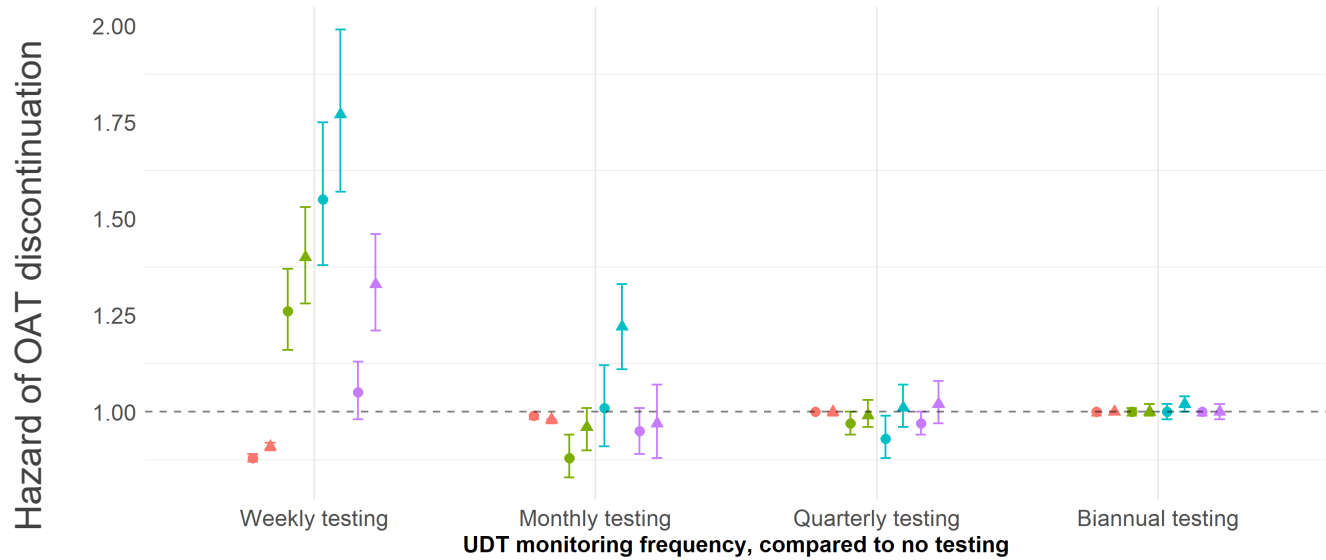
# Methadone treatment is associated with >40% longer retention vs. Buprenorphine-naloxone



Nosyk et al, in preparation.

**Objectives:** To determine the comparative effectiveness of buprenorphine-naloxone versus methadone, both overall and within key populations, using population-level data and both intention-to-treat and per-protocol study designs.

# Frequent Urine Drug Testing after OAT induction is associated with treatment discontinuation



analytical time 0: ● OAT initiation ● 4 weeks after OAT initiation ● 12 weeks after OAT initiation ● After take-home initiated\*

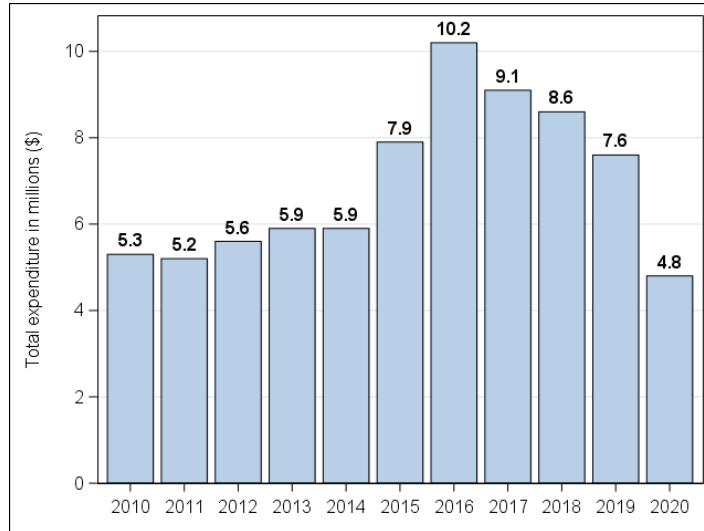
medication type: ● Buprenorphine/naloxone ▲ Methadone

Kurz et al, in preparation.

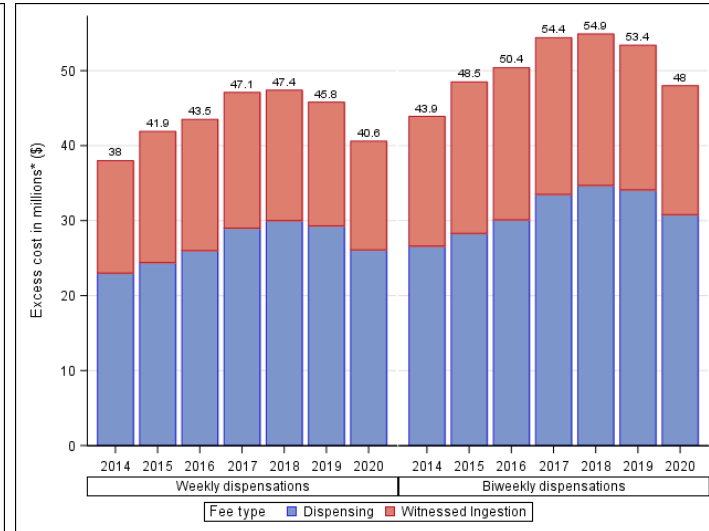
**Objectives:** To determine the safety and comparative effectiveness of alternative UDT monitoring strategies as observed in clinical practice among OAT clients in British Columbia, Canada

# BC's expenditure on UDTs and daily witnessed ingestion in OAT

Total spending on UDTs during OAT episode by year



Excess costs from pharmacy fees



Nosyk et al, *Addiction* 2023. doi: 10.1111/add.16160.

BC spends \$5-10m/year on urine drug screening among people on OAT (not evidence-based practice), and an excess of \$32-50m/year in pharmacy dispensing fees to support daily witnessed OAT ingestion (a stated barrier to sustained retention).



# Initial implementation of prescribed safer supply (03/27/2020 - 08/31/2021) demonstrated protection against all-cause mortality

## Opioid RMG

≥ 1day: No matched controls

Matched controls by PS

Matched controls by PS among those off OAT

Matched controls by hdPS

Matched controls by hdPS among those off OAT

≥ 4days: No matched controls

Matched controls by PS

Matched controls by hdPS

## Stimulant RMG

≥ 1day: No matched controls

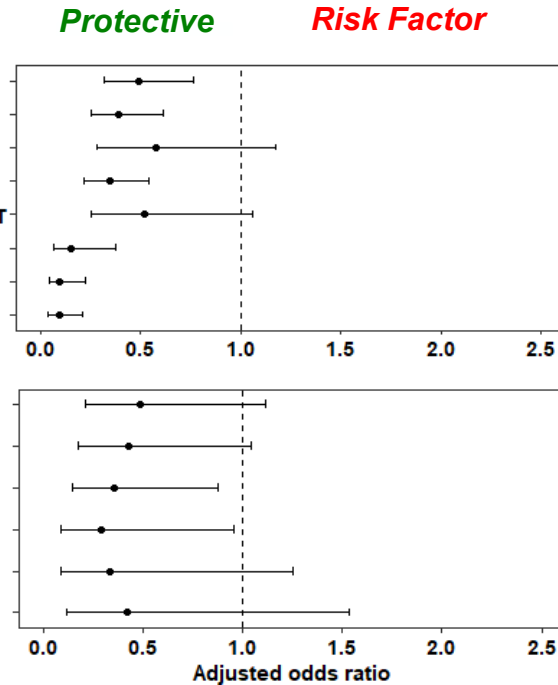
Matched controls by PS

Matched controls by hdPS

≥ 4days: No matched controls

Matched controls by PS

Matched controls by hdPS



Slaunwhite et al, in preparation.

PS: propensity score; hdPS: high-dimensional propensity score. Marginal structural Cox proportional hazards model with inverse probability of treatment weights. Controlling for: age, sex, HA of service access (VCH/VIHA vs. others), income assistance receipt - past 12m, prior-week OAT, unstable housing - past 2 m, overdose - past 30 days, Charlson Comorbidity index, Chronic Disease Score, OUD, AUD, MH condition, chronic pain, tobacco use disorder, HIV, HCV, cancer/palliative care, incarcerated - past 12m, OA prescription - past 60 days, bZD prescription - past 30 days, week of follow-up (linear & quadratic),

# Acknowledgements

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- Christopher Mah

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- Karla Helgason
- Ashraf Mohammed
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- Margot Kuo (CDC)
- Miranda Compton
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- Laura McDougall (CDC)
- Bonnie Henry, PHO
- Patty Daly, MHO-VCH

## Representatives from Regional Health Authorities – via the OERC Treatment task Group

## Vancouver Area Network of Drug Users (VANDU)

## BC Association of People on Methadone (BCAPOM)

## Western Aboriginal Harm Reduction Society (WAHRS)

## Other provincial organizations

- BC Centre on Substance Use
- BC Centre for Disease Control
- Centre for Addictions Research BC (CISUM)

## Other Organizations

- Canadian Centre on Substance Use & Addiction
- Health Quality Ontario

# Speaking to Patients about Harm Reduction

Corey Ranger RN BN

Cherlyn Cortes-Manderson RN BSN

BC Centre for Disease Control



# Land Acknowledgement

PHSA provides specialized health care services to communities across British Columbia, on the territories of many distinct First Nations. We are grateful to all the First Nations who have cared for and nurtured the lands and waters around us for all time, including the x<sup>w</sup>məθk<sup>w</sup>əyəm (Musqueam), Skwx̱wí7mesh Úxwumixw (Squamish Nation), and sə́ilwətaʔ (Tseil-Waututh Nation) on whose unceded and ancestral territory our head office is located.

# Acknowledgement of Lived/Living Expertise

The content discussed today is made possible by people with lived/living experience of drug use sharing their knowledge and experience. Without their generosity, vital life-saving harm reduction initiatives would not exist.

#LIFEWONTWAIT



WHO GETS  
TO CARRY  
THE BLAME  
FOR 911 NEEDS

# What is harm reduction?



## Starting the conversation

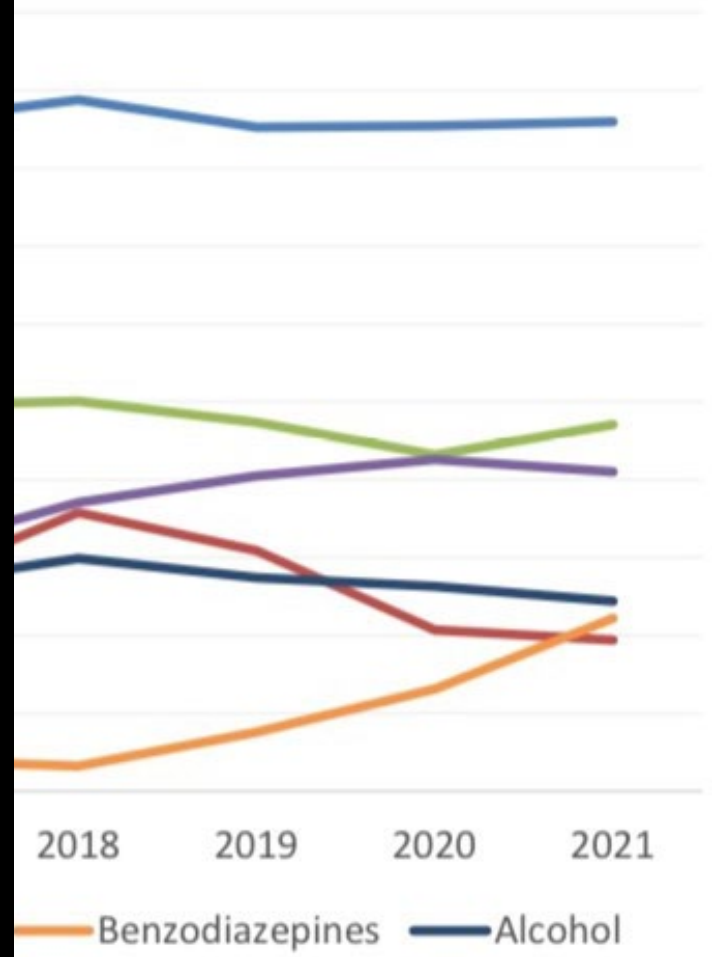
**“As part of the health screening I do with all my clients, I like to ask everyone:**

**Do you ever engage in drugs that are currently illegal? And if so, do you want any help or support in how to do that safely?”**

B.C. Many of these deaths were preventable.

th, 2012-2021

# Evolution of the Unregulated Drug Supply





## Overrepresentation of racialized communities

- “more opioid-related deaths in “ethnically diverse” neighbourhoods during the COVID-19 pandemic”

- Ontario Drug Policy Research Network (ODPRN):

Drug toxicity deaths increased more for South Asian than non-South Asian people.

South Asian people in Fraser Health

**255%** 

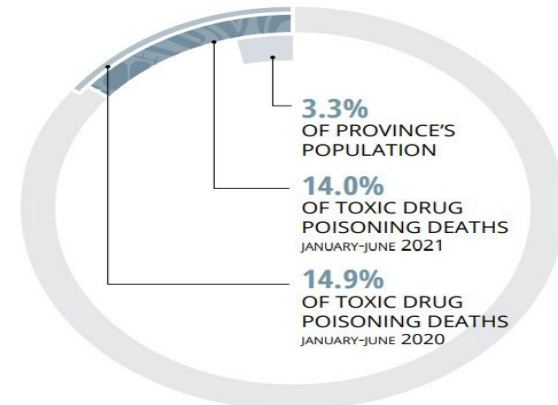
between 2015 and 2018

Non-South Asian people in Fraser Health

**138%** 

between 2015 and 2018

FIRST NATIONS PEOPLE ARE DISPROPORTIONATELY REPRESENTED IN TOXIC DRUG POISONING DEATHS



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