

Towards endemnicity: A global perspective of variants of drug consumption rooms and service models in operation.

**Rapid expansion of observed consumption sites during a public health emergency, British Columbia, Canada**



BC Centre for Disease Control

**Lisbon Addictions 2022**



Jane A Buxton MBBS, MHSc, FRCPC<sup>1,2</sup>

<sup>1</sup> BC Centre for Disease Control, Vancouver, BC, Canada

<sup>2</sup> School of Population and Public Health, University of BC, Vancouver, BC

# CONFLICT OF INTEREST

- Jane Buxton is employed by BC Centre for Disease Control (BCCDC) and has grants from:
  - Canadian Institute of Health Research (CIHR)
  - Health Canada, Substance Use and Addiction Program (SUAP)
  - BC Ministry of Health
- The employer and grant funders provided no input into this presentation
- The opinions stated are those of the presenter

# ACKNOWLEDGEMENTS

- I am grateful to live, learn, and work on the unceded, ancestral territories of the Coast Salish peoples namely the x<sup>w</sup>məθk<sup>w</sup>əyəm (Musqueam), skwxwú7mesh (Squamish) and selí'witulh (Tseil-waututh) Nations
- Thousands of preventable deaths have occurred due to the toxic illicit drug supply in BC. We are indebted to the ongoing commitment of people with lived and living experience of substance use who work tirelessly to save the lives of people who use drugs.
- **Harm reduction initiatives begin through advocacy and the action of people who use drugs; evidence from research emerges and policy and political changes *may* follow**

# History of observed consumption sites in BC (I)

## In Canada - responsibility of health is provincial and controlled drugs is federal

- **2002:** Dr Peter Centre opened a supervised injection site (SIS)
  - Day/residential centre for people with HIV. Nurses with support from provincial nursing association supervised onsite resident/client injections as part of scope of ethical practice
- **Apr-Oct 2003:** peer-led unsanctioned SIS, store-front in DTES; drop-in 7 days/week 10pm-2am
  - 3,000 injections overseen by a nurse and volunteers with CPR training
- **Sep 2003:** Insite opened
  - Section 56(1) exemption under Controlled Drugs and Substances Act (CDSA);
  - Numerous evaluations and peer review publications .....
- **2008:** Federal (Conservative) government declined to renew the exemption;
  - BC Supreme Court ruled unconstitutional to close Insite as violated drug users' right to life, liberty, and security of the person
- **2011:** Supreme Court of Canada dismissed federal government appeal to close Insite

## History of observed consumption sites in BC (2)

- **Apr 2016:** BC Provincial Health Officer declared a public health emergency due to rise in OD<sup>3</sup>
- Deaths increasing; applications to Health Canada for Section 56(1) exemptions slow process
- **Sep 2016:** Overdose Prevention Society opened an unsanctioned site
- **Dec 2016:** BC Minister of Health issued ministerial (M488) under public health emergency authorities to open (OPS)<sup>4</sup>



Photo source: Travis Lupick Instagram

# History of observed consumption sites in BC (3)

- OPS opened in diverse settings/models across BC including temporary/portable structures, existing clinics/services, mobile sites and supportive housing
- OPS engage peer workers as front line staff in less clinical model than SIS



Housing Overdose Prevention Site



Mobile Overdose Prevention Site

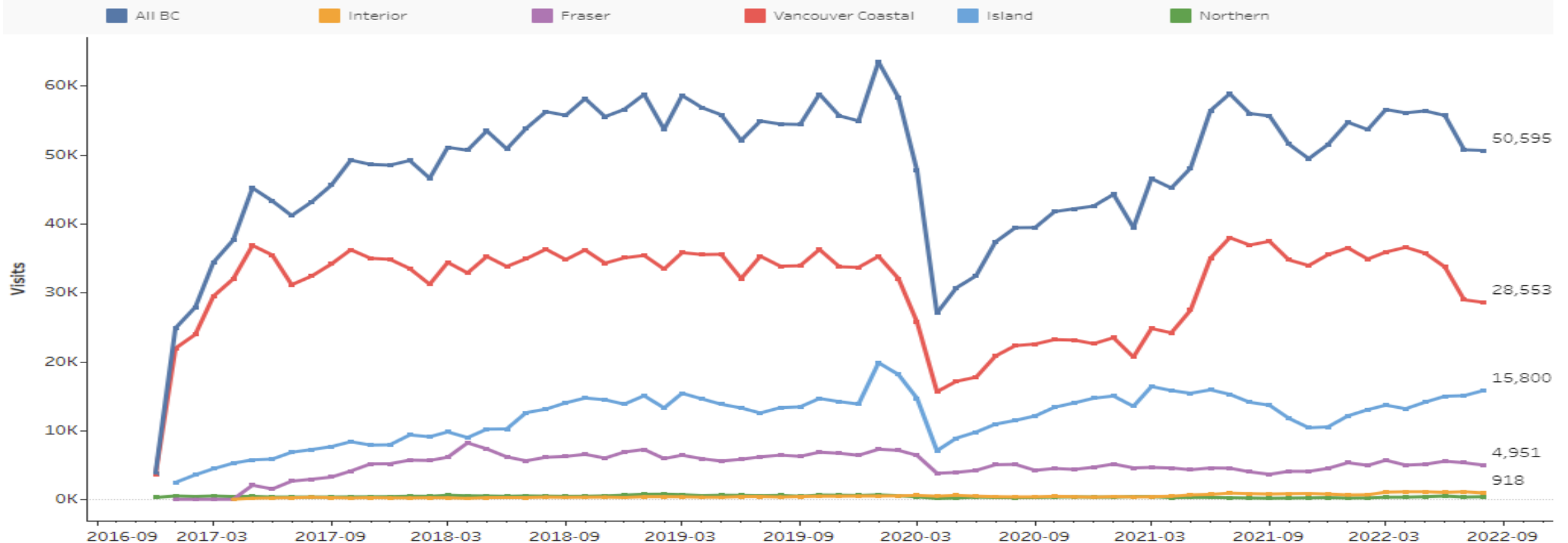
# No overdose deaths reported at SCS/OPS

42 SCS/OPS sites report attendance & ODs to HA, BCCDC collates data<sup>5</sup>

## COVID brought additional challenges

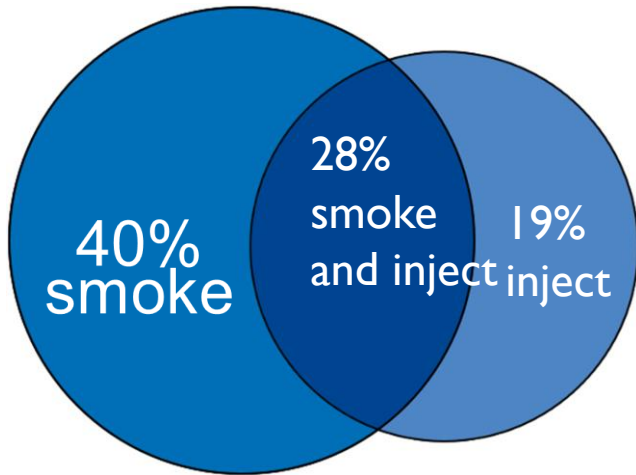
- initial closure of some sites and restricted visits to enable physical distancing,
- people who use drugs may avoid crowds and use alone to reduce their COVID-19 exposures

Visits to Overdose Prevention Services Sites and Supervised Consumption Services Sites



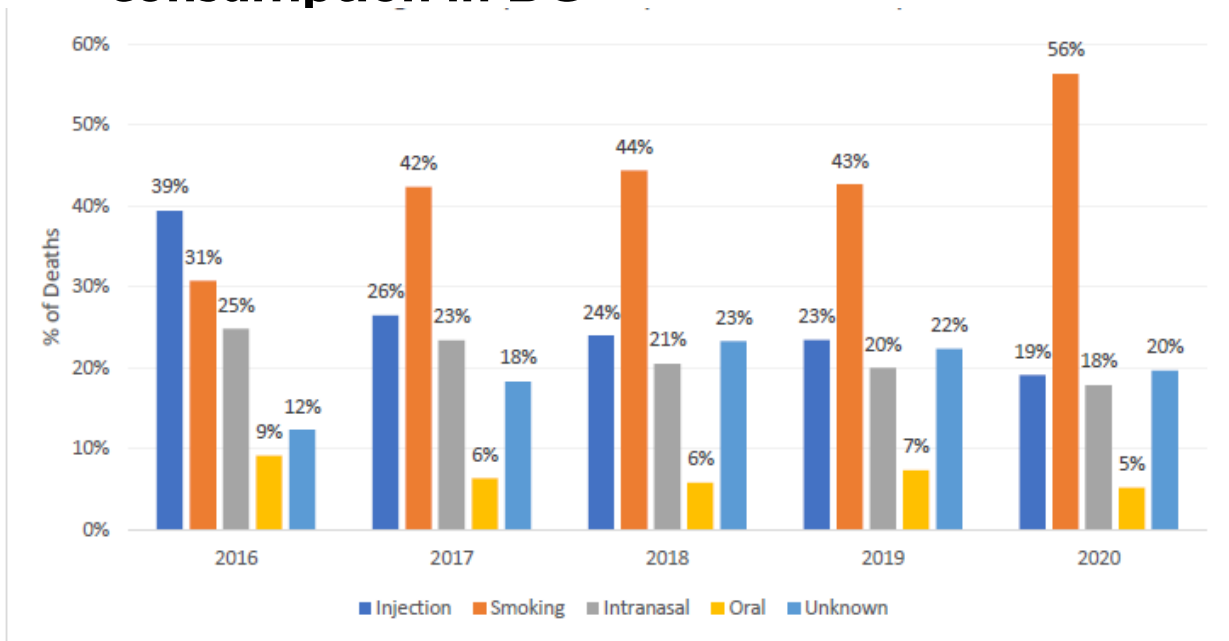
# Responding to data: Increase in smoking opioids

## BC Harm reduction client survey 2019<sup>6</sup>



Most people (68%) reported smoking opioids<sup>7</sup>

## Illicit drug toxicity deaths by mode of consumption in BC<sup>8</sup>

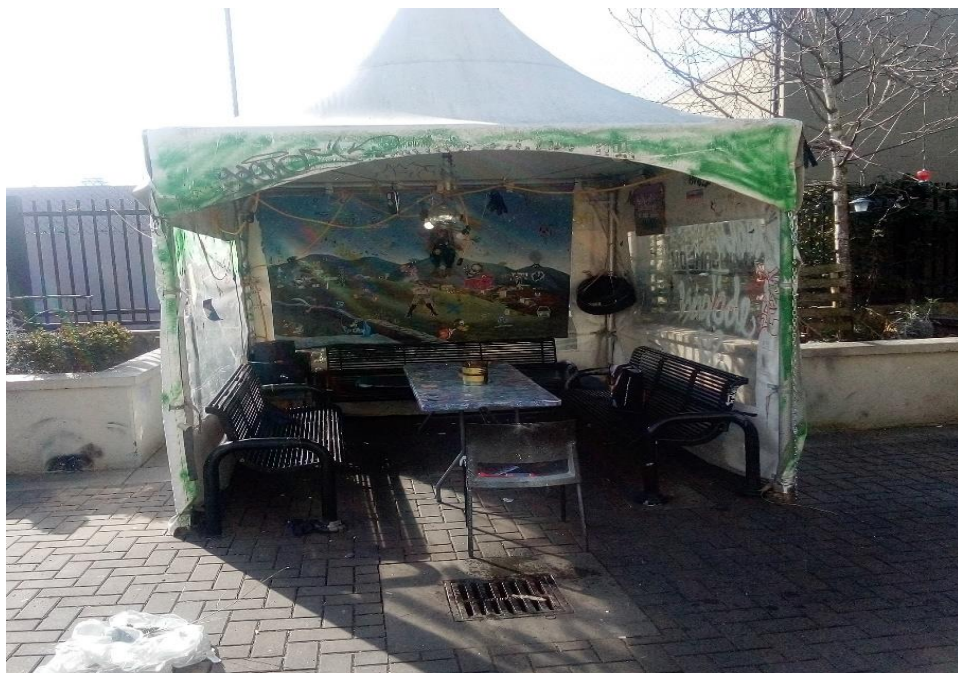


\*In some cases, more than one mode of consumption was identified; therefore, percentages add up to more than 100%.

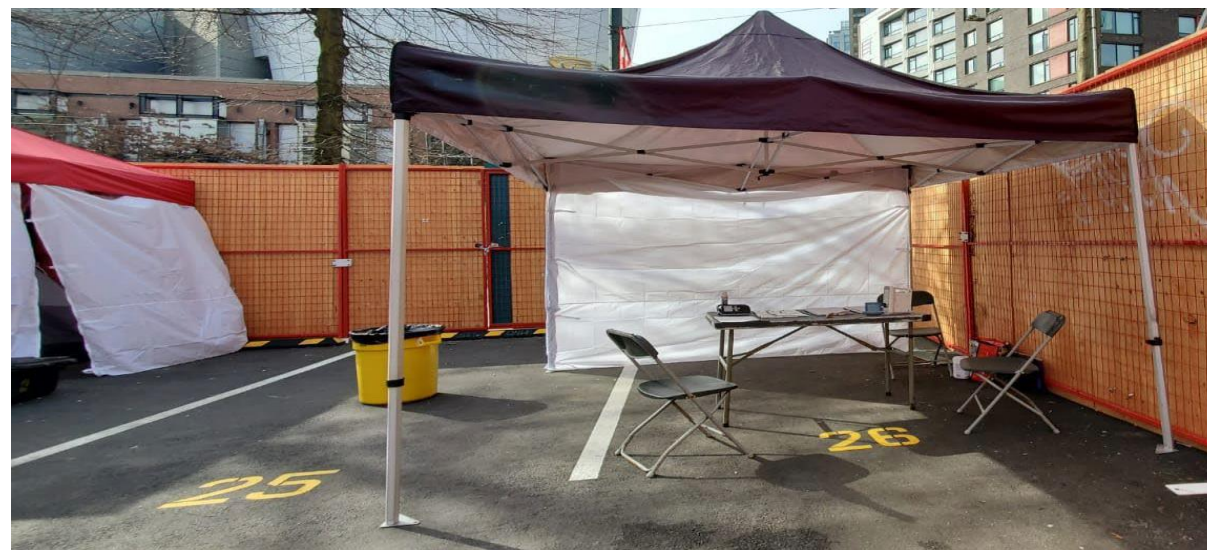


## Aug 2020: BC MMHA announced \$\$ for inhalation OPS<sup>9</sup>

In summer outdoor sites/tents, but in winter many parts of BC is cold (-30°C)



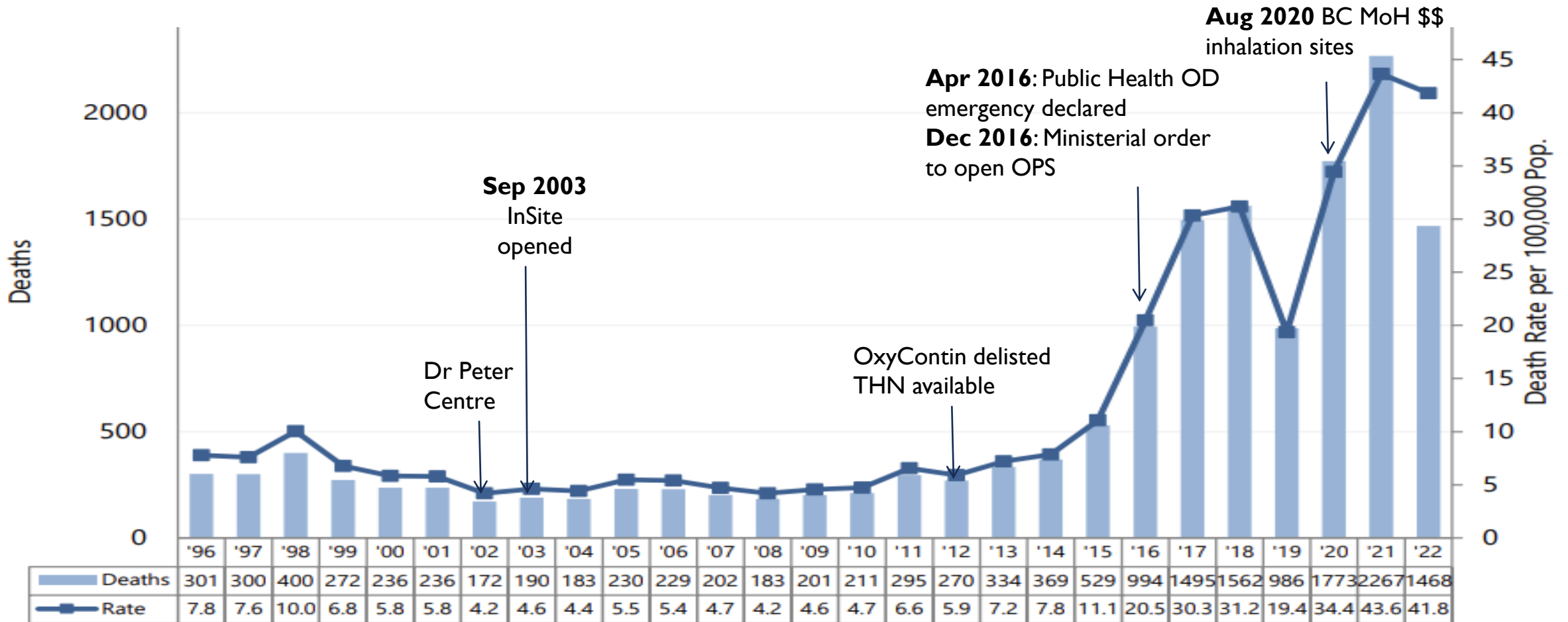
Rock Bay Landing Shelter, Victoria



Overdose prevention society Vancouver

# Despite expansion SCS/OPS sites deaths increase

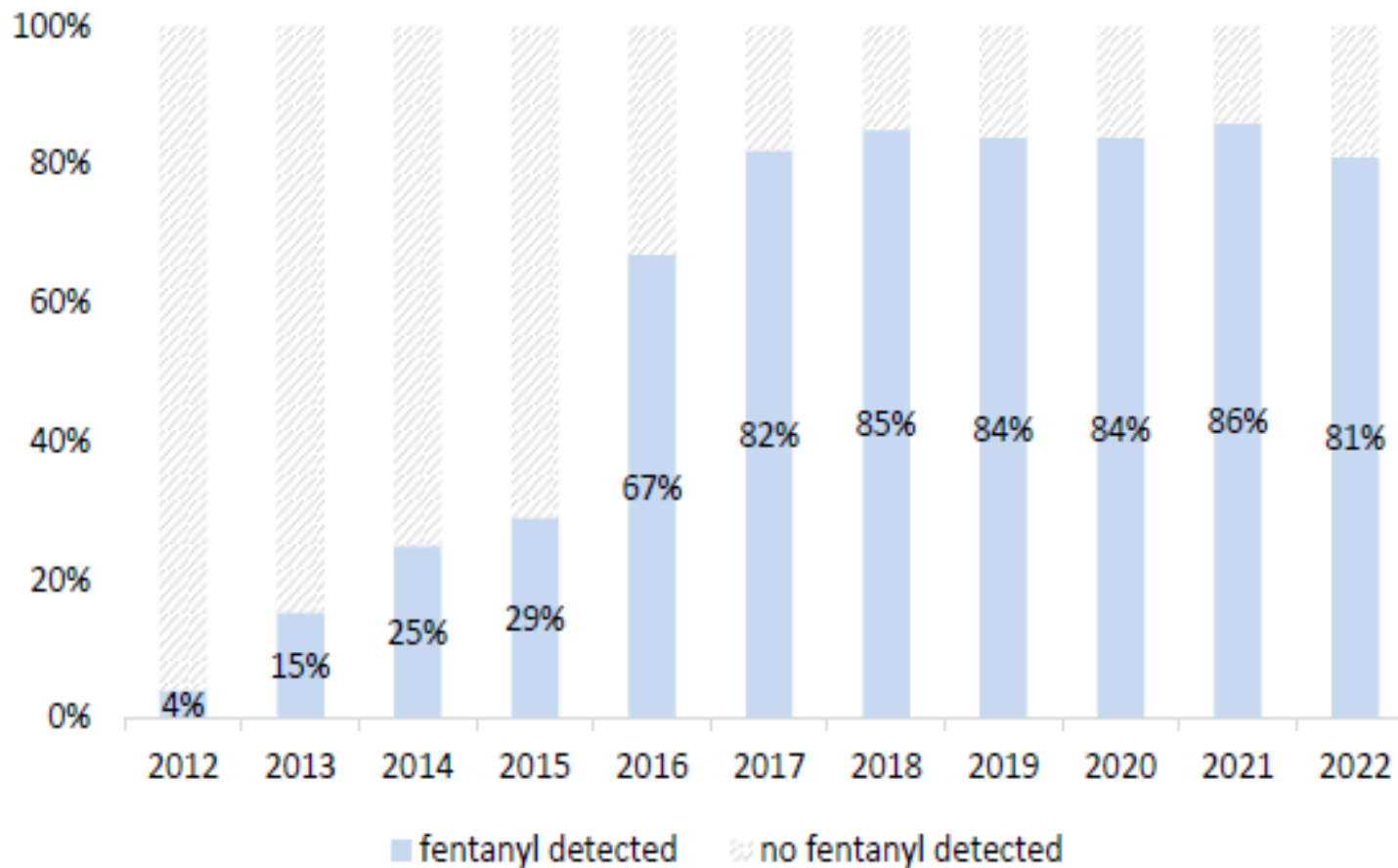
## Illicit Drug Toxicity deaths and death rate per 100,000 pop<sup>n</sup>



Source: BC Coroners report; data to August 31st. 2022<sup>1</sup>

# Overdose deaths are due to the toxic illicit drug supply

## % Illicit Drug Toxicity deaths with fentanyl detected



### Illicit drug toxicity emergency

AKA opioid crisis, overdose crisis

Unregulated drug poisoning emergency

Drugs more toxic w. COVID-19:

↑ Extreme fentanyl (>50ug/L) detected

- 8% Jan 2019-Mar 2020
- 16% Nov 2021-Aug 2022

↑ Benzos (Etizolam) detected

- 15% deaths Jul 2020
- 50% Dec 2020 - Jan 2022

(Heroin detected in <5% opioids tested by enforcement)

# Challenges SCS/OPS

- **STIGMA** - Resistance to SCS/OPS at all government levels
  - Federal conservative political ideology
    - In BC time and \$\$ to appeal federal government;
  - Some provinces facility closures
  - Local municipalities - NIMBY – mobile vans
- Incomplete data
  - Only SCS/OPS run by health authorities report data
  - Sites are busy and priority is saving lives,
  - Unable to show true reach and identify gaps
- COVID-19 brought additional challenges
  - Reduced service access and increased toxicity of drugs
- Increase smoking opioids - inhalation sites essential to meet needs of PWUD
  - Issues re ventilation & staff exposure indoor sites – Workers compensation

# Opportunities

## Peer workers rock!!

- Peers advocate & provide observed consumption (OPS and peer witnessing) despite personal risks
- **Peer workers are essential** in operating OPS across Canada, providing support to clients.<sup>10</sup>
  - Immensely valued by people who use the sites, as can relate to/connect with them
  - **Peer worker challenges/inequities:**
    - Often don't receive equitable remuneration; don't feel respected by some agencies & other staff
    - Experience high workload and stress – particularly during COVID
    - Lack supports to be well (professional staff have sick pay and resources)
- **Official OPS rapidly expanded** supported by BC government
- Many SCS/OPS offer **drug checking** (PWUD & dealers)
- **Opportunities with COVID-19**
  - SCS/OPS declared essential services in BC
  - Episodic overdose prevention services (e-OPS) protocol developed to support health & social service agency staff to provide overdose prevention services outside of established SCS/OPS locations e.g. in a clinic or hospital <sup>11</sup>

# Conclusions

- **SCS/OPS in BC are saving lives and are essential services**
- BC achieved rapid expansion of OPS
  - Greater investment in economic and social support for service providers, particularly peers, is needed
  - Despite a desperate need many communities have no service available; stigma plays a big role
- The toxic illicit street supply continues to kill people
  - To prevent deaths an accessible and acceptable regulated (pharmaceutical) alternative to the toxic illegal supply is urgently needed

**Safer supply now!**

# REFERENCES



1. BC Coroners Service. Illicit drug toxicity deaths in BC (to Aug 31<sup>st</sup> 2022). Available: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf> cited Oct 2, 2022
2. BC Coroners Service. Illicit drug toxicity type of drug data (to Aug 31<sup>st</sup> 2022). Available: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug-type.pdf> cited Oct 2, 2022
3. Emergency PH declaration BC Government. Provincial health officer declares public health emergency. BC Gov News [Internet]. Apr 14, 2016. Available: <https://news.gov.bc.ca/releases/2016HLTH0026-000568> cited Oct 2, 2022
4. Dec 9, 2016 Ministerial M488 under Emergency Health Services Act. [https://www.bclaws.gov.bc.ca/civix/document/id/mo/hmo/m0488\\_2016](https://www.bclaws.gov.bc.ca/civix/document/id/mo/hmo/m0488_2016)
5. Unregulated drug poisoning emergency dashboard. Available: <http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard> accessed Oct 2, 2022
6. Harm Reduction Client Survey. BC CDC. Available at <http://www.bccdc.ca/health-professionals/data-reports/harm-reduction-client-survey> cited Oct 2, 2022
7. Parent S et al. Examining prevalence and correlates of smoking opioids in BC: opioids more often smoked than injected. *Subst Abuse Treat Prev Policy* (2021) 16(1):79
8. BC Coroners. Mode of consumption data – knowledge update - Posted Feb 10, 2022. Available: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/mode-of-consumption.pdf> cited Oct 2, 2022
9. BC Gov News, Aug 4, 2022 Overdose response accelerates with treatment, prevention supports <https://www.sciencedirect.com/science/article/pii/S09555395921004928#>
10. Pauly B et al. “It’s an emotional rollercoaster... but sometimes it’s fucking awesome”: Meaning and Motivation of Work for Peers in Overdose Response Environments in British Columbia *Int J Drug Policy* (2021) (88)103015
11. COVID-19: Provincial Episodic Overdose Prevention Service (e-OPS) Protocol (June 2020) [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_EpisodicOPSProtocolGuidelines.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EpisodicOPSProtocolGuidelines.pdf) accessed Oct 2, 2022