#### **Overdose deaths and the COVID-19** pandemic in British Columbia

**BC Centre for Disease Control** 

**Provincial Health Services Authority** 

Lisbon Addictions Conference November 22, 2022

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#### BC Centre for Disease Control Provincial Health Services Authority

#### **Territorial Acknowledgement**

We respectfully and gratefully acknowledge that the work we do takes place on the unceded homelands of the x<sup>w</sup>məθk<sup>w</sup>əy'əm (Musqueam), Skwxwú7mesh (Squamish), and sel'íl'witulh (Tsleil-Waututh) Nations.

#### Overdose is a major public health challenge in Canada



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Since 2016, the ageadjusted rate of overdose deaths in BC has been at least double the national average

(Source: Public Health Agency of Canada <u>https://bit.ly/30mVmpc</u>)



#### **Overdose is a major public health challenge in BC**

Figure 1: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population <sup>[3,5]</sup> 2500 45 40 2000 35 Death Rate per 100,000 Pop. 1500 Deaths 1000 10 500 5 0 0 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 '12 '13 '14 '15 '16 '17 '18 '19 '20 '21 '10 '11 Deaths 217 301 300 400 272 236 236 172 190 183 230 229 202 183 201 211 295 270 334 369 529 993 1495 1559 982 17672224 5.7 7.8 7.6 10.0 6.8 5.8 5.8 5.8 4.2 4.6 4.4 5.5 5.4 4.7 4.2 4.6 4.7 6.6 5.9 7.2 7.8 11.1 20.4 30.3 31.1 19.3 34.3 42.8 Rate

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RIANS CLIPPED

(Source: BC Coroners Service)

#### **Overdose mortality in context**

Top 15 causes of death (ranking) in BC for March 2020 to February 2022



Overdose is the **second leading cause** of potential years of life lost

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\*External causes of death (other than illicit drug toxicity) incomplete due to reporting delay and may rise in ranking as cause of death data become complete. Data sources: 1) BC Vital Statistics; 2) Data on illicit drug toxicity deaths provided to BCCDC by BC Coroners Service; 3) Statistics Canada Table 13-10-0114-01 Life expectancy and other elements of the life table, Canada, reference period 2017-2019.

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#### Hypothesized pathways of COVID-19 on overdose

Public Health Measure	Unintended Impact
Physical distancing	<ul> <li>More persons use drugs alone</li> <li>Visitor restrictions</li> <li>Decreased bystander reversed overdoses</li> </ul>
Business closures	<ul><li>Unemployment</li><li>Fewer social opportunities</li><li>Increased risk of relapse</li></ul>
Reduced hours and availability of harm reduction and treatment services	<ul> <li>Premature treatment discontinuation</li> <li>Lower rate of treatment initiation</li> <li>Limited access to supervised consumption</li> </ul>

Nguyen, T., & Buxton, J. A. (2021). Pathways between COVID-19 public health responses and increasing overdose risks: a rapid review and conceptual framework. *International Journal of Drug Policy*, 103236.





# Toxicity of the drug supply has been increasing





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**Better health** 

# Toxicity of the drug supply has been increasing





Province-wide solutions.

Better health.

# Objective

 To describe changes in the demographics and geography of overdose death, comparing periods before and after COVID19 was declared a public health emergency in BC.







# **Methods**

- BC Coroners Service surveillance data
  - Including all confirmed illicit drug toxicity (overdose) deaths in BC as determined by a medical examiner or presiding coroner
- We report characteristics of cases of death pre-(03/2019-12/2019) and post- (03/2020 to 12/2020) COVID-19
- Chi-square tests to compare characteristics before and after
- Multivariable logistic regression model determine the impact of each variable (while holding others constant).







## Results

 Overdose deaths since 17 March 2020 (n = 1516) more than doubled those observed in the same period in 2019 (n = 744).

#### **Results:**

- Significantly more males in post vs pre (81.7% vs 74.9%).
- Significantly more deaths outside in post vs pre (15.4% vs. 12.8%)
- No significant changes in the geography of overdose deaths by health region
- No changes in fentanyl detected post-mortem (82.5% vs 84.4%)





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## **Results**

	Adjusted OR (95% CI)	
Reference:		Odds of death significantly
Pre-COVID-19 OD death (March 17 <sup>th</sup> -December 31 <sup>st</sup> 2019)		
Place of overdose		lower in the post- vs. pre
Private Residence	Reference	COVID19 period for:
Other Residence	1.00(0.81-1.25)	Public buildings other
Public building	<b>0.46(0.22-0.97</b> )	
Outside	1.20(0.91-1.56)	locations (e.g. medical
Other	<b>0.40(0.19-0.85</b> )	and correctional facilities)
Overdose location urbanicity score		ve in Drivete residence
Large	Reference	vs. III Flivate residence
Medium	0.92(0.71-1.18)	
Small	1.10(0.81-1.49)	<ul> <li>Odds of death significantly</li> </ul>
Rural	1.08(0.79-1.48)	bigher in the next we pro
Age category		nigher in the post- vs. pre
< 19	1.10(0.46-2.61)	COVID19 period for:
20-29	1.22(0.93-1.61)	<ul> <li>People aged 40-49, 50-</li> </ul>
30-39	Reference	
40-49	<b>1.33(1.03-1.72</b> )	59, 60 + vs. 30-39
50-59	<b>1.43(1.10-1.85</b> )	males vs. female
60+	<b>1.65(1.18-2.30</b> )	
Sex		
Female	Reference	
Male	<b>1.47(1.18-1.82</b> )	Provincial Health
Fentanyl detected		Services Authority
No	Reference	Province-wide solutions. Better health.
Yes	1.11(0.87-1.42)	

## **Discussion**

 Location of overdose findings are consistent with reporting from Ontario, with increase in detection of deaths outdoors.

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 Could be driven by reduced access to safe spaces for drug use (e.g. OPS, SCS) has been reduced during COVID19







## Discussion

• Fentanyl detection (yes vs no) did not change

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 Changes in detection of high fentanyl concentration, and other drugs (e.g. benzodiazepines) during this period







## Implications

- Urgency of return to full services for people at risk of illicit drug toxicity
  - Identifying and addressing barriers, e.g. masking requirements, staffing problems
- Increase opportunities for social connectedness

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- Build on changes to delivery of OAT during COVID-19
- Expand access to safer supply, especially non-prescribed models







# Thank you!



