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## Overdose Essentials

### Background

- We are currently in the middle of an overdose crisis on the Island and in BC. A provincial state of public health emergency was declared in mid-April 2016.
- There have been increases in both fatal and non-fatal overdoses on the Island since December 2015. To end of April 2016, greater Victoria and greater Nanaimo areas have already matched their previous year's total fatalities. Non-fatal overdose emergency events are about ten times more frequent.
- Overdose events have involved multiple drugs including fentanyl, heroin, methamphetamines and cocaine. In many cases, users believe they are purchasing a single drug but are provided a mixture of drugs.
- Newer fentanyl analogues have been seen on the Island, which have higher potency and have contributed to the overdoses.
- Communication about the risks to users and the public has been augmented.
- Naloxone has become much more widely available and is being used to reverse overdoses.
- At this time, it appears that most street opiates are not diverted prescription medication. Production is occurring in illegal domestic and international labs.
- To combat this situation, multidisciplinary emergency operations response groups have formed in Victoria, Nanaimo, and developing in Campbell River. Island wide and provincial groups have enhanced surveillance and data collection to better understand the current situation and move toward reducing overdose events in our communities.

### Physicians' Roles

- ED and first responders will contribute to data collection and facilitate follow-up of non-fatal overdoses.
- The likelihood of a primary Physician encountering an active overdose outside the ED is low. However, as front line health care professionals, primary care providers are in a unique position to promote harm reduction strategies to reduce morbidity and mortality associated with drug use.
- If you have a patient who is using, what can you do?
  - ◆ Screen for drug use among patients and raise awareness on opiate laced drugs; encourage to not use alone.
  - ◆ Educate patients/caregivers on overdoses, safety precautions and harm reduction.
  - ◆ Promote take home naloxone kits.
  - ◆ Consider becoming an Opiate Substitution prescriber – Newer drugs like suboxone may not require as rigorous training and prescribing oversight (stay tuned).
  - ◆ Be prepared to refer to assessment clinics, crisis teams and detox/treatment centres.
- Review current opiate prescribing practices in context of the new CPSBC guidelines [www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf](http://www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf).
- Take home naloxone kits can be accessed at no cost from these sites: <http://towardtheheart.com/site-locator>. Some pharmacies are now also distributing naloxone without prescription. Costs are variable.

## Looking Ahead

- Overdose surges such as we are experiencing have happened before and will happen again.
- Illicit drug economies innovate and produce street drugs at an affordable price.
- Recruitment of new experimenters, ways to nurture habituation (such as lacing fentanyl in less addictive drugs like ecstasy), and ways to evade enforcement through high potency low volume products are the new norm.
- Harm reduction recognizes that high risk behaviours will continue and through a range of services and strategies morbidity and mortality can be minimized. This approach has been demonstrated to result in better health outcomes for both patients and their communities, while reducing health costs and burden on the health system.
- Efforts to date have engaged users, reversed potential fatal overdoses, enhanced mutual support, and set a foundation for further improvements. Collective action on multiple fronts is required to counter this latest public health threat.
- Service augmentation is still needed for a range of responses such as case management, treatment options for sobering and rehabilitation, community maintenance programs and housing interventions. Increased efforts in prevention in schools, earlier intervention, surveillance, policy changes on drug product availability and street drug testing, and support for harm reduction efforts like supervised consumption are all needed. Health based services need supplementation with social services, enforcement, employment and other community based services to reduce addition burden.
- Should you have suggestions or offers to assist and are unsure of who to contact, please contact one of your local Medical Health Officers.



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