

In This Issue

Surveillance	1
Updates	2
Peer Work.....	2
Reducing Stigma....	3
Community Corner.....	4
Overdose Prevention 101.....	5
Resources.....	6

Surveillance

It has been five years since BC's Provincial Health Officer declared a public health emergency due to the rising number of drug overdose deaths in BC.

Illicit drug overdose deaths in BC have risen from roughly 200/year in 2010, to over 1700/year in 2020. The COVID-19 pandemic has exacerbated the overdose emergency. Restrictions have further disrupted the black market drug supply, leading to even more unpredictability for those who use opioids and other substances.

Provincial Summary – February 2021

- February 2021 (N=155) to February 2020 (N=75): 107% increase in the number of deaths
- Largest number of suspected deaths in month of February
- Highest **number** of deaths – VCH and FH
- NH had the provincial highest **rate** of illicit drug toxicity deaths; 58.1 deaths per 100,000 individuals in 2021

Northern Health Summary

- 8 illicit drug toxicity deaths in February (~35 deaths per 100,000 individuals)
- All three HSDAs are in the top 5 in the province for **rate** of illicit drug toxicity deaths, with the NE being the highest.
- **NW** has seen 8 illicit drug toxicity deaths in 2021 for a rate of 63.1 deaths per 100,000 individuals, which is the third lowest in the Province. *1 death in February*
- **NI** has seen 12 illicit drug toxicity deaths in 2021 for a rate of 48.8 deaths per 100,000 individuals. This is the third highest rate in BC. *4 deaths in February; The City of Prince George has seen 9 deaths in 2021*
- **NE** has seen 8 illicit drug toxicity deaths in 2021 for a rate of 73.0 deaths per 100,000 individuals. This is the second highest rate in BC. *3 deaths in February; The City of Dawson Creek has seen 5 deaths in 2021.*

Updates

Benzodiazepines found in opioids

All staff members who work with people who use drugs, and work to prevent overdoses, must be aware of the high likelihood that benzodiazepines (benzos) will affect a person who uses down drugs.

Reports of benzos contaminating the illicit drug supply continue to increase across BC. Benzos, including rarer analogues such as etizolam, are becoming more common in the illicit drug (opioid) supply. Benzos found in opioids **increase the likelihood of overdose, and the complexity of overdose presentations and response**, as a result of combined opioid and benzo respiratory depression. Physicians are reporting seeing patients in benzo withdrawal. For more details and clinical considerations, see the [Benzos in Opioids Summary Sheet](#).

Lifeguard App

In May 2020, the Provincial Health Services Authority, the regional health authorities and Lifeguard Digital Health launched the made in BC Lifeguard App. This free app supports people who use drugs alone. 90% of overdose deaths happen when people use drugs alone; this app allows people to use alone more safely.

The app is activated by the user before they take their dose. After 50 seconds the app will sound an alarm. If the user doesn't stop the alarm indicating they are fine the alarm grows louder. After 75 seconds a text-to-voice call will go straight to 9-1-1, alerting emergency medical dispatchers of a potential

overdose. The app can be used anywhere there is data or Wi-Fi. There have been many lives saved in BC with the use of this app. The number of people using the app grows monthly throughout Northern Health.

The *Lifeguard App* can be downloaded at both the [App Store](#) and [Google Play](#).

Regional Overdose Prevention Response (OPR): Findings of local team engagement

In January, the regional overdose response team held a series of engagement sessions to gather feedback and input from operations, with the intention of using the insights gained to improve future overdose prevention response planning. We heard that key themes include access to services, addressing stigma / NIMBY-ism (i.e. opposition to OPR programs), and enhanced peer engagement. Additional reengagement is being planned to explore how the regional team can support operations in advancing work in these areas. Stay tuned!

Peer Work

Peers, or those with lived/living experience of substance use hold unique expertise regarding the overdose prevention response. Below are some peer work highlights.

The NH Overdose Prevention and Response Program was pleased to announce Hawkfeather Peterson's appointment to the position of Regional Peer Coordinator earlier this year. In their role, Hawkfeather works directly with individuals who use substances to promote their safety and informed decision-making regarding substance use. Additionally,

Hawkfeather offers service providers their insight and their lived/living expertise to improve the impact of existing overdose prevention programs and provides them with a roadmap for future response. The Northern Health Overdose Prevention and Response Program acknowledges the unique value and wisdom that people with lived/living experiences bring to support the development and tailoring of harm reduction strategies and overdose prevention programs.

Additionally, in an attempt to engage peer support workers in the substance use care system, and to strengthen the quality and consistency of peer support programs, the Overdose Prevention and Response Program is currently providing training opportunities to peers across the North. These training opportunities are peer-developed and peer-led, and are based upon and a part of the second phase of the BC campus' provincial peer training curriculum. Further to this, with the intention of raising the voices of people with lived/living experiences of substance use, the NH Overdose Prevention and Response team is currently in the process of developing the "Peer Advisory Committee." For additional information regarding Peer Work, contact Peer.Network@northernhealth.ca.

A Day in the Life of a Peer

Peers/experiential workers, i.e. individuals with lived/living experience of substance use are important service providers and first responders that play a crucial role in supporting and preventing overdose among individuals that use substances.

Despite the important work they do, there is lack of awareness on the role played by peers/experiential workers. [This video](#) highlights both the work and challenges faces in their roles. It was created as part of the [Peer2Peer \(P2P\) project](#).

Reducing Stigma

Treating people who use substances with respect improves health outcomes and helps save lives.

– Towards the Heart

The following is a list of educational resources intended to support recognizing and reducing stigma.

Resource: Overcoming Stigma through Language

Stigma is a significant barrier to wellness and good health for people who use substances. The goal of [this primer](#) is to facilitate conversations and increases awareness of the stigma that surrounds people who use substances, their support networks, and service providers in the community. Developed in partnership with the Community Addictions Peer Support Association.

Stigma: Language Matters

We encourage the use of respectful, non-stigmatizing language when describing substance use disorders, addiction and people who use drugs. Treating people who use substances with respect improves health outcomes and helps save lives. [This video](#) shows you how to create safer spaces with less stigma.

Community Corner

Highlighting Community Champions

Each month we interview someone in our communities who is championing the overdose prevention response work. This month's community champion is Derek Flynn.

Tell us a bit about yourself! What is your role within the overdose prevention response work?

My name is Derek and I have been a registered nurse since 2014. During my years as a nurse, I have been drawn to helping people. This inspired me to seek out opportunities to create lasting change in the Skeena Valley. I have worked as a discharge planner on psychiatry, with mobile addiction services, as part of Wilp Si' Satxw healing lodge to currently working as a Mental Health and Substance Use Service Coordinator.

These amazing experiences have guided my understanding of what addiction is and how to address it. My current position allows me to help assess, create, and implement programming that can best serve our population that sees frequent deaths, injuries, and continued trauma from the opioid epidemic that is impacting all of British Columbia.

Why is this work important to you?

Growing up in the diverse community of Hazelton on unceded Gitxsan Territory I learned, at an early age, about generational trauma and stigma, and how these can lead to addiction, as seen by friends, family, and the broader community.

This led my nursing career in addictions and mental health, where I consistently strive to best support my clients who have suffered or have seen friends and family impacted by the opioid epidemic. I want to give back to those who do not have support and honor all the amazing influential people in the Hazelton and Gitxsan Territory who have guided me in my life and career. I hope I can create change from my work to provide the best services available to the people of the Skeena.

What brings you joy in this work? What keeps you coming back each day?

Seeing clients finally get comfortable with me and allow me to understand their situation is an amazing feeling. Knowing that many people I have served have been stigmatized and have had frequent poor interactions give me the chance to help, which is what keeps me going. It is heart warming when clients thank the staff and share that we have changed their lives.

Knowing that change can happen and a cycle of addiction can be broken is rewarding to me and inspires me to find avenues that will create lasting change. Also seeing that new services are being created and supported in mental health and addiction makes it hopeful we are working towards addressing addiction in our community.

We recognize that people who use substances have a variety of different backgrounds and we want to hear from all of you. If you're a person who uses substances and would like to share your story, email

peer.network@northernhealth.ca. Stories can be shared anonymously

Overdose Prevention 101

What do we mean by overdose prevention? This section offers an opportunity to learn more about key terms and principles of overdose prevention work.

Harm reduction

What is it harm reduction?

Harm Reduction is a pragmatic response focused on **keeping people safe and minimizing death, disease, and injury associated with high risk behaviour, while recognizing that the behaviour may continue despite the risks.**

Harm Reduction is a fundamental philosophical approach which is foundational in our work.

What does harm reduction look like?

- Taking your avalanche safety kit with you when skiing out of bounds.
- Wearing the parachute pack with a back up pull cord when sky diving.
- Using 5-point seat belt and helmet when drag racing.
- Ensuring the ankle straps are a perfect fit and double checking the buckles before bungee jumping.
- Wearing a helmet and having a partner with you when mountain biking in dangerous terrain.

What does harm reduction look like in health care?

- Providing condoms and encouraging their use
- Providing substance use supplies (needles, inhalation pipes), with

education about staying safe when using substances

- Providing Take Home Naloxone Kits, with education about how to best stay safe when using opioids

Episodic Overdose Prevention Services (eOPS)

To prevent overdose deaths, episodic overdose prevention services (eOPS) allows trained individuals to observe substance use anywhere and anytime. This is a new service in BC. eOPS supports health and social service providers, including peers to observe substance use wherever overdoses may occur - not only at a fixed site with an address.

What is eOPS?

[Episodic overdose prevention services](#) are low-barrier approaches to monitored consumption. eOPS allows providers to observe substance use for persons who are at risk of overdose, and provide rapid intervention when necessary, in any place there is a need for these services, as determined by the level of overdose related morbidity and mortality.

As the need arises, staff with appropriate training in overdose management may observe consumption of substances by people in any health or social service sector environment, for the primary purpose of preparing for and responding to any overdose that may occur. Refer to Staff Training section for training requirements.

What key considerations of eOPS?

Low Barrier Service – Requirements limited to staff who are willing to provide the service and have OD Recognition

and Naloxone training, and the presence of Naloxone kits on-site.

Flexible Delivery – eOPS delivery may vary from site to site, depending on staff engagement, available space, and client readiness to participate.

Supervised consumption saves lives. eOPS enables this critical service to be what it needs to be where it needs to be.

What can NH provide?

- Consistency in approach, recognizing that on-the-ground service delivery may vary from site to site
- Link to the Northern Peer Network to provide Peer perspectives
- Support in alignment with provincial eOPS protocols and procedures
- Support to access Naloxone and OD Recognition training
- Recommendations around additional training to enhance service experience for clients and staff
- Project management support for implementation including development of northern-specific tools and processes

What are eOPS users saying?

“I experienced an overdose last year in community, it was a wakeup call to be more safe when using substances. Having [overdose prevention services] accessible, for all of us, is super needed here.”

Resources & Courses

Infographic: The Good Samaritan Drug Overdose Act (GSDOA)

The GSDOA is now law. This Act provides [some legal protection](#) for individuals who seek emergency help

during an overdose. This Towards the Heart [infographic](#) provides more information.

Information sheet: Withdrawal from Benzodiazepines

Benzodiazepines (benzos) and benzo-like drugs (e.g. etizolam) have been showing up in the illicit drug supply, especially mixed with opioids. This BCCDC [information sheet](#) provides tips about withdrawal from benzos and benzo-like substances that can be serious and may need medical attention.

Course: Creating Supportive Health Care Environments for People that use Substances

The following course, NHA – CL – [Creating Supportive Health Care Environments for People that use Substances](#) is intended to support acute, clinical and community health service providers in building their knowledge base and skill set to care for people that use substances.