

Presentation to the Hospital and Housing Committee of the Capital Regional District

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Acknowledgement

I respectfully acknowledge the Kwakwaka'wakw, Coast Salish and Nuu-Chah-Nulth cultural families on whose traditional lands Island Health is located. At Island Health, we take on the responsibilities of reconciliation in the work that we do, and the ways in which we engage.

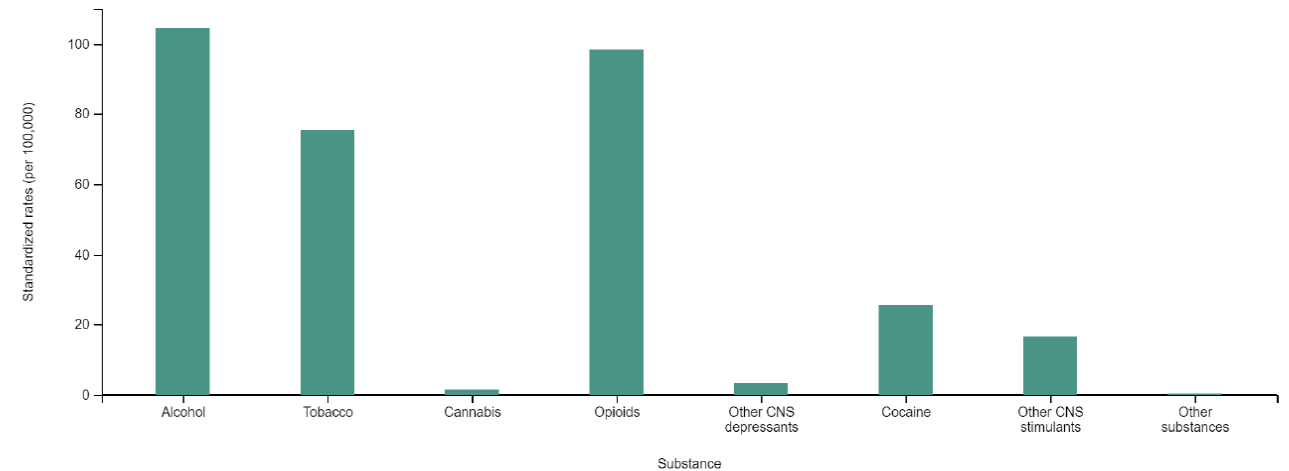


The Public Health Approach to Psychoactive Substances

- *Burden of Illness*
- *Drivers*
- *Interventions that are under our control*
- *Work to implement*
- *Monitor, evaluate and adjust*

Source: Canadian Centre on Substance Use and Addiction:
Canadian Substance Use and Harms Accessed October 14th,
2023

Substance use-attributable potential years of productive life lost standardized rates, Canada, 2020



Source: Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms visualization tool, version 3.0.2 [Online tool]. Retrieved from <https://csuch.ca/explore-the-data/>

For details on the methodology used to derive estimates, refer to the CSUCH technical report.

Costs due to premature mortality were estimated by calculating future productive years of life lost due to death. See the CSUCH technical report for more detail.

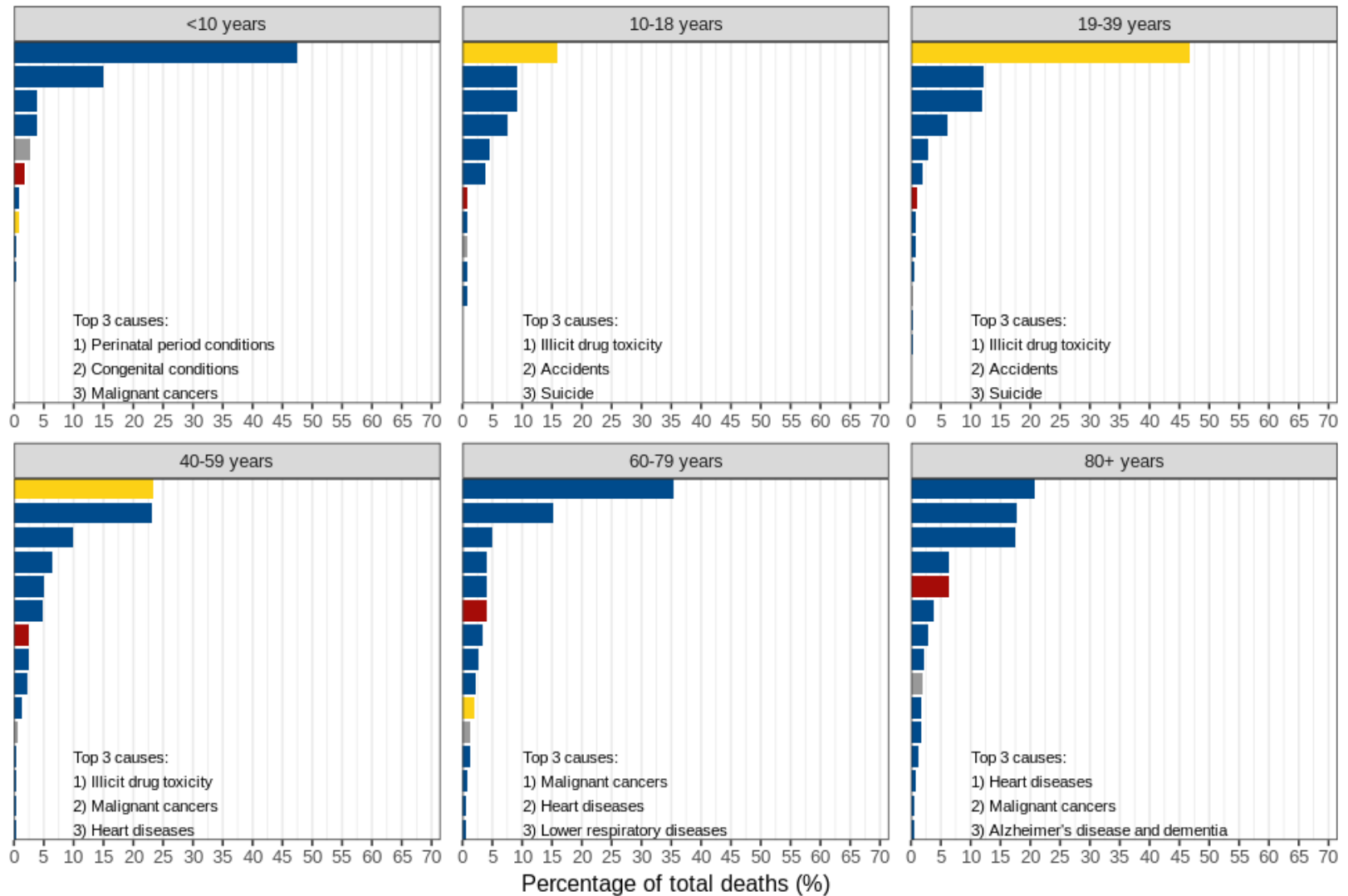
Other CNS depressants exclude alcohol and opioids, and other CNS stimulants exclude cocaine.

These estimates do not include costs or counts associated with premature mortality in Yukon for years 2017 to 2020 only.

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Top 15 causes of death by age group in BC for 2022

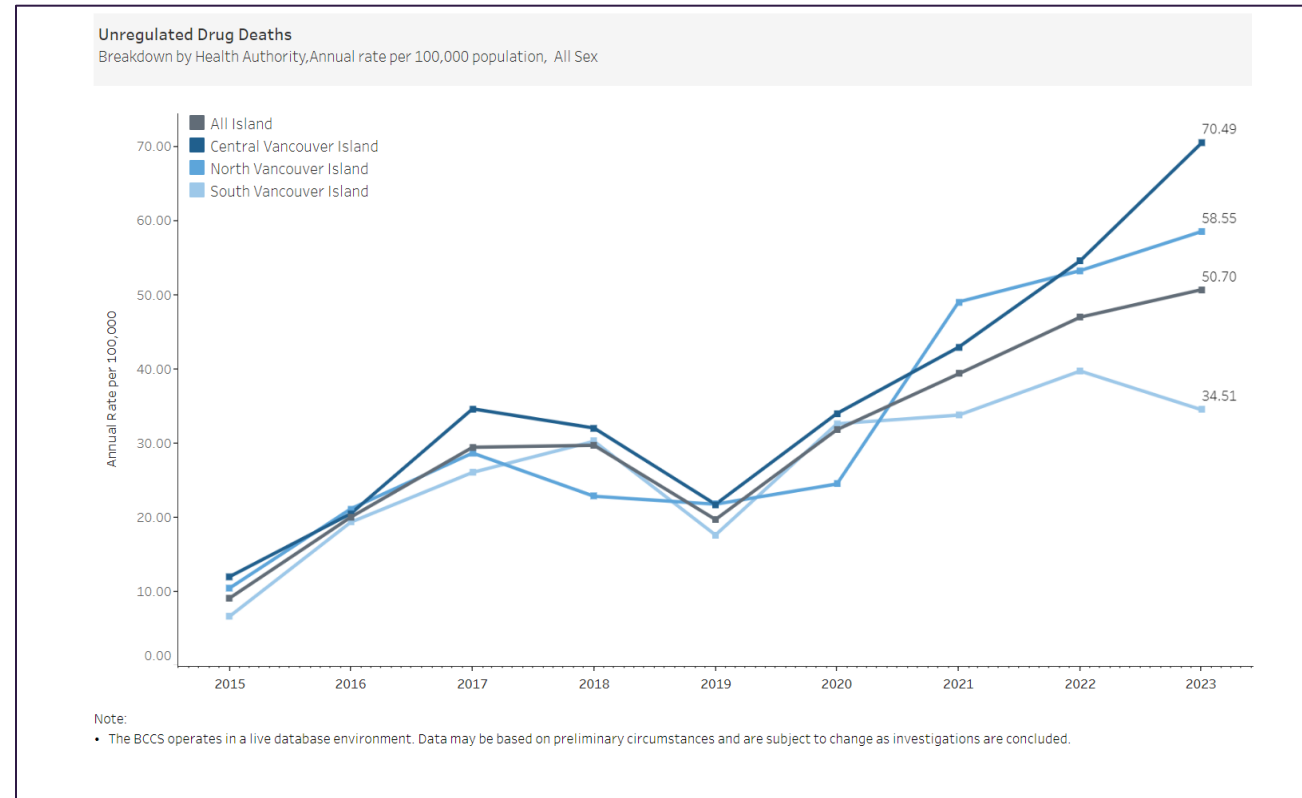
■ COVID-19
 ■ Influenza and pneumonia
 ■ Illicit drug toxicity
 ■ Other causes of death



Cause unknown or pending in Vital Statistics data: 6.4%. This figure may change as cause of death data become more complete.
 Data sources: 1) BC Vital Statistics; 2) Data on deaths due to illicit drug toxicity, accidents and suicides provided to BCCDC by BC Coroners Service.

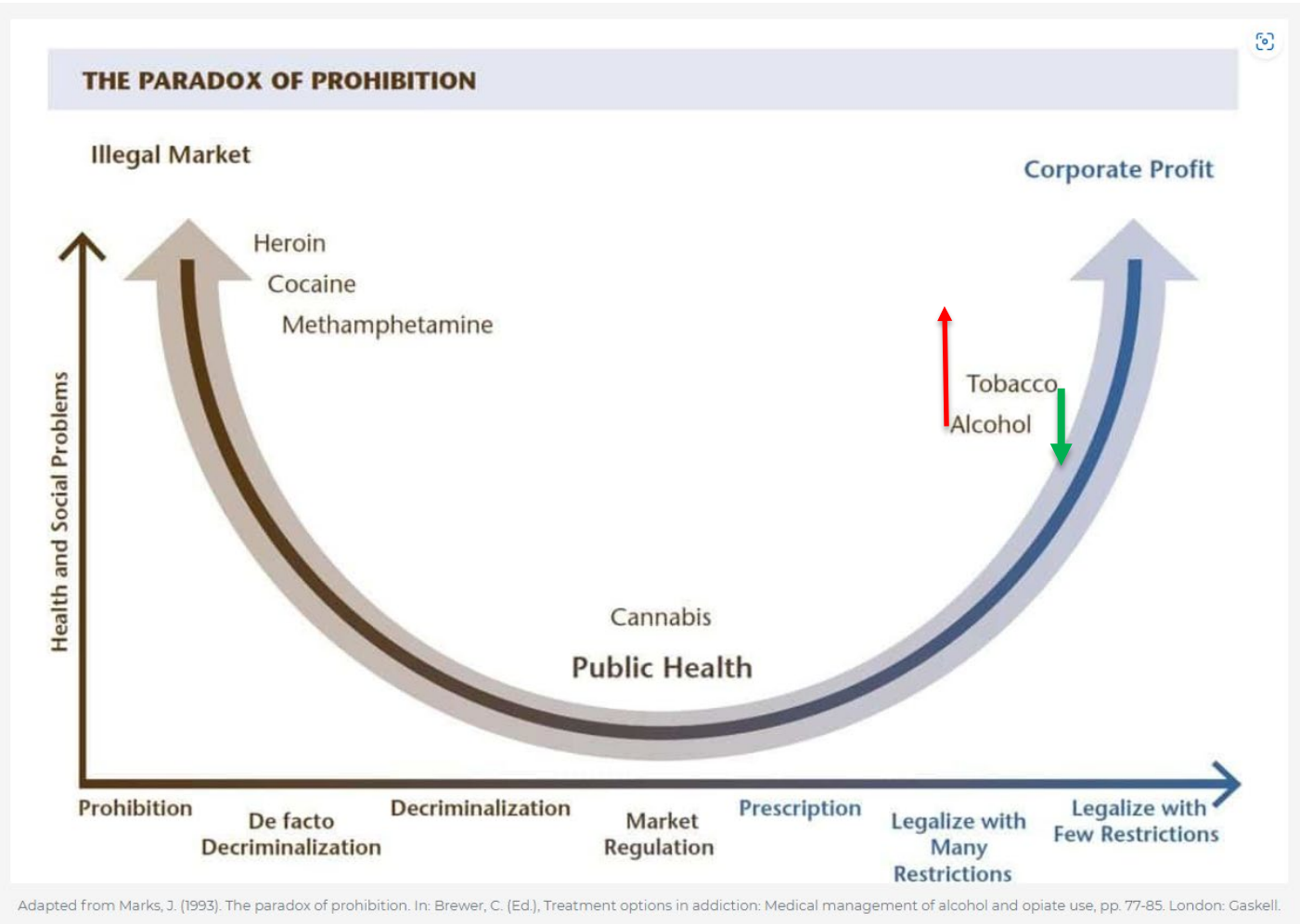
- In 2022 top cause of death in age groups 10-18, 19-39 and 40-59

Unregulated Drug Deaths by Island Health Service Delivery Areas



What can we learn from tobacco and alcohol?

Local governments have an important role



Drivers

Unregulated Drug Poisoning Deaths

- Toxic, unpredictable, unregulated drug supply
- Policy approach to opiates that is not evidence based, and maximizes harm
- Pandemic Response

Opiate Use Disorder

- Biological
- Social
 - Homelessness, poverty, racism, mental health
 - Multigenerational, unaddressed physical, emotional and psychological trauma
- Exposure
- Availability

Interventions

- Prevention
 - Social inclusion and freedom discrimination and racism
 - Positive childhood experiences
- **Naloxone**
- **Overdose Prevention Services**
- **Safe Supply: a legal and regulated supply of psychoactive substances that are currently being accessed through the illegal market and leading to high mortality**
- **Decriminalization**
- Care and treatment

The ones in **green** are needed because of the absence of legal, regulated access

Safe Supply

- Emerging data supporting benefit for those who can access
 - No evidence of harm at a population level with limited roll out
 - Scale:
 - Maximum 5000 people have accessed prescribed safe supply in BC
 - Potentially more than 200K at risk of overdose
 - Equity:
 - The majority of prescriptions are in Vancouver and Victoria
 - Very limited rural access
 - Very limited access for those who do not have an OUD
 - Context
 - Limited range of medications available
 - Time limited small scale projects rather than a systematic approach
 - Highly medicalized approach in a health human resources crisis
- Non-medical models
 - Since the prescriber-based model is unable to address the scale of the issue, expert bodies such as the BCCSU and the Coroner's Death Review Panel are recommending a low-barrier, non-prescriber model for those at risk of overdose death

Local government role

- Recognize that there is a role—thank you again for the conversation
 - Continue to work with us – enough staff with the right skills within health, municipal and regional governments to move work forward
 - Combat misinformation and lead informed dialogue
 - Support prevention programming, especially social inclusion programs for youth
 - Enable essential services to address immediate risk (eg: OPS, drug checking, safer supply pilots) in dignified spaces where people can gather, socialize and link to services
 - Act as a convener

Thank you!
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