



A Balanced Approach:

**How Harm Reduction and Recovery Services
Can Work Together to Provide a Person-
Centered Mental Health and Substance Use
System**

Disclosure:

I have no actual or potential conflict of interest in relation to this presentation.

Learning Objectives:



1. Participants will have an increased understanding of the current state of drug policy in British Columbia and the range of harm reduction, treatment and recovery services that are available.
2. Participants will be able to explore both clinical and practical implications related to creating Mental Health and Substance Use service models that support the needs of people with substance use disorders.
3. Participants will be able to identify and critique the barriers to implementing and sustaining substance use programs that support abstinence, harm reduction, and the social determinants of health for people who use drugs.

Overview



1. Drug poisoning crisis: Where are we today and what is happening with drug policy and services that support people who use drugs?
2. What does a balanced approach look like in the context of a public health emergency?
3. Discuss harm reduction, treatment and recovery services, how they differ, and how they can complement each other in a comprehensive system of care.

Current State



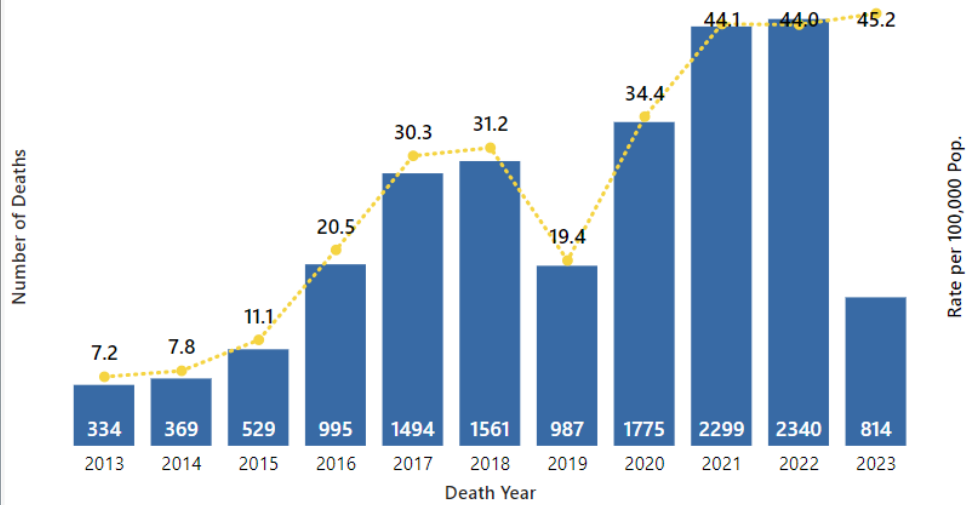
The way we treat addiction and support people who use drugs is broken.

- ▶ 2,310 people died in 2022 from a toxic drug poisoning.
- ▶ Last week the BC Coroner reported that another 206 people died in April, totaling 814 lives lost in the first four months of 2023.
- ▶ At least 12,046 British Columbian lives have been lost to toxic, unregulated drugs in the seven years since the public-health emergency was first declared in April 2016.
- ▶ Illicit drug toxicity is now the leading cause of unnatural death in British Columbia, accounting for far more deaths than homicides, suicides, motor vehicle incidents, drownings and fire-related deaths combined.

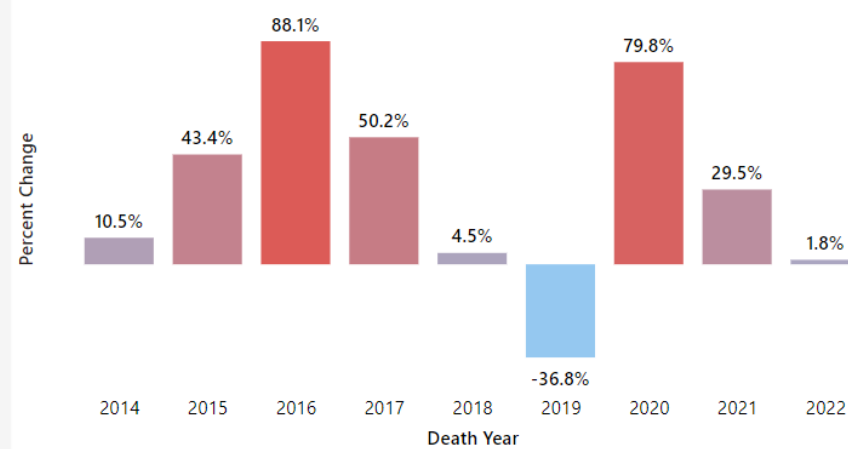
British Columbia's Drug Poisoning Crisis

Unregulated Drug Deaths - BC

Unregulated Drug Deaths and Death Rate per 100,000 Population, 2013-2023

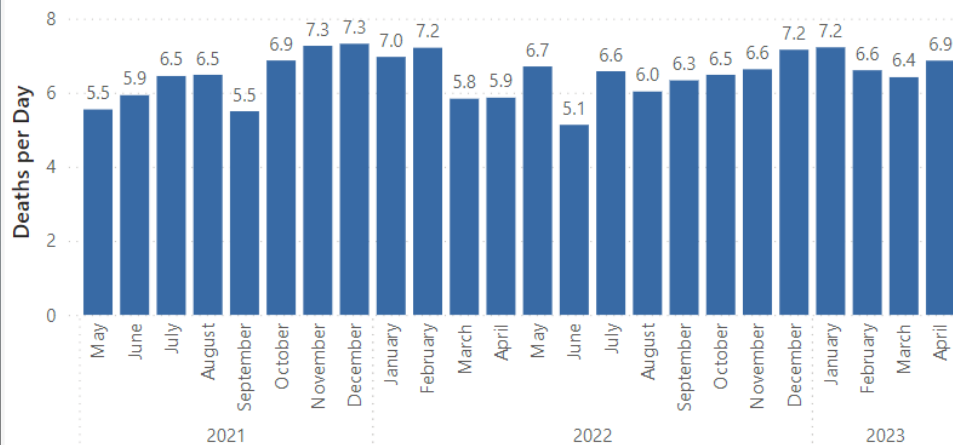


Percentage Change Compared to Previous Year



There was a 1.8% increase in unregulated drug deaths in 2022 over 2021.

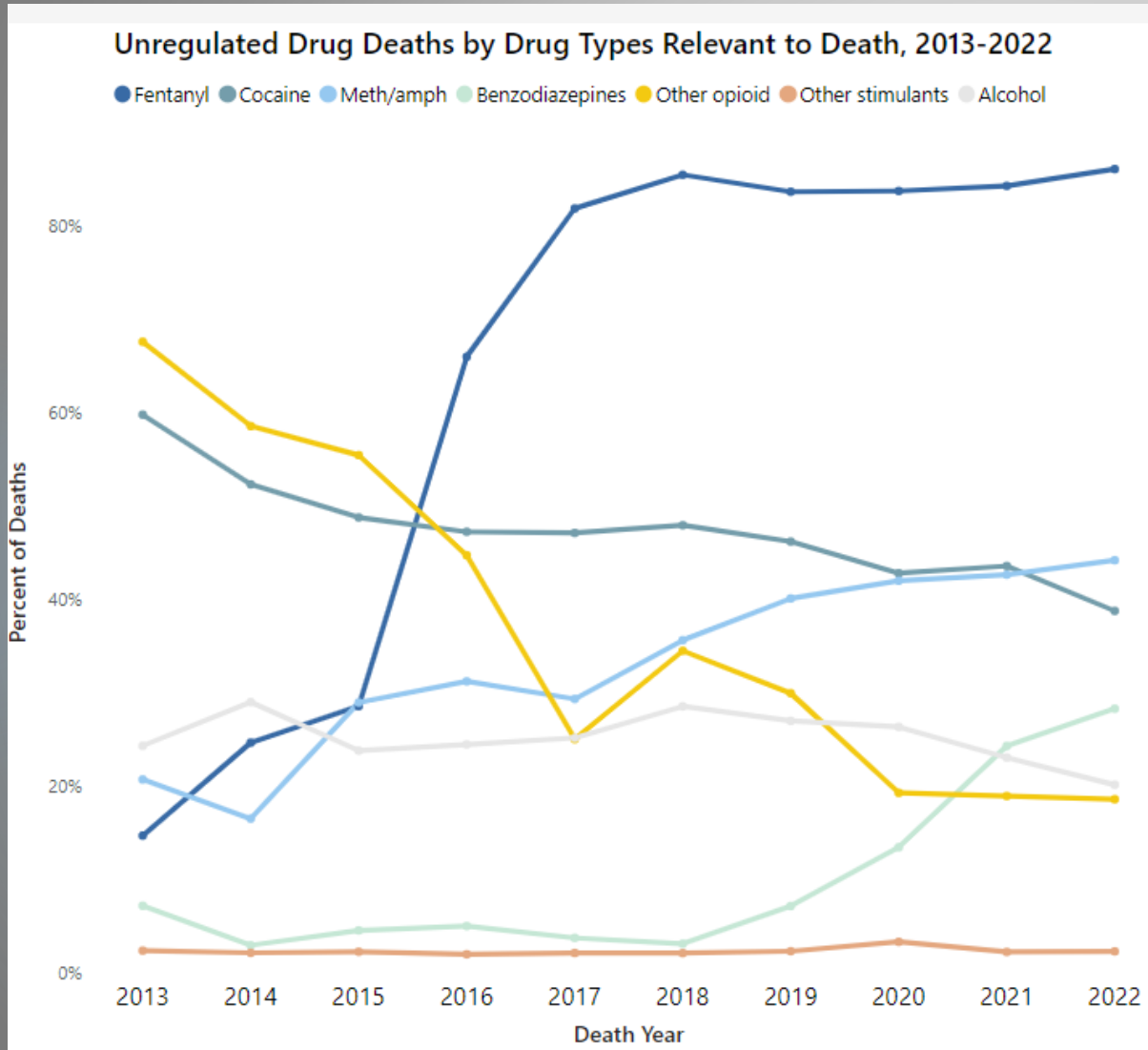
Unregulated Drug Deaths per Day by Month



Unregulated Drug Deaths by Month, 2013-2023

Month	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
January	20	23	43	85	148	134	93	80	190	216	224
February	21	38	31	58	124	108	84	79	174	202	185
March	33	28	32	76	130	158	119	119	174	181	199
April	31	29	34	73	155	136	83	130	187	176	206
May	28	40	41	51	149	118	93	177	172	208	
June	25	29	34	72	129	116	75	189	178	154	
July	39	25	40	74	122	151	72	186	200	204	
August	21	37	53	65	127	126	83	163	201	187	
September	28	32	50	63	97	138	63	144	165	190	
October	19	35	53	77	98	118	79	175	213	201	
November	31	28	52	140	111	131	81	168	218	199	
December	38	25	66	161	104	127	62	165	227	222	
Total	334	369	529	995	1494	1561	987	1775	2299	2340	814

Poisoned Drug Supply

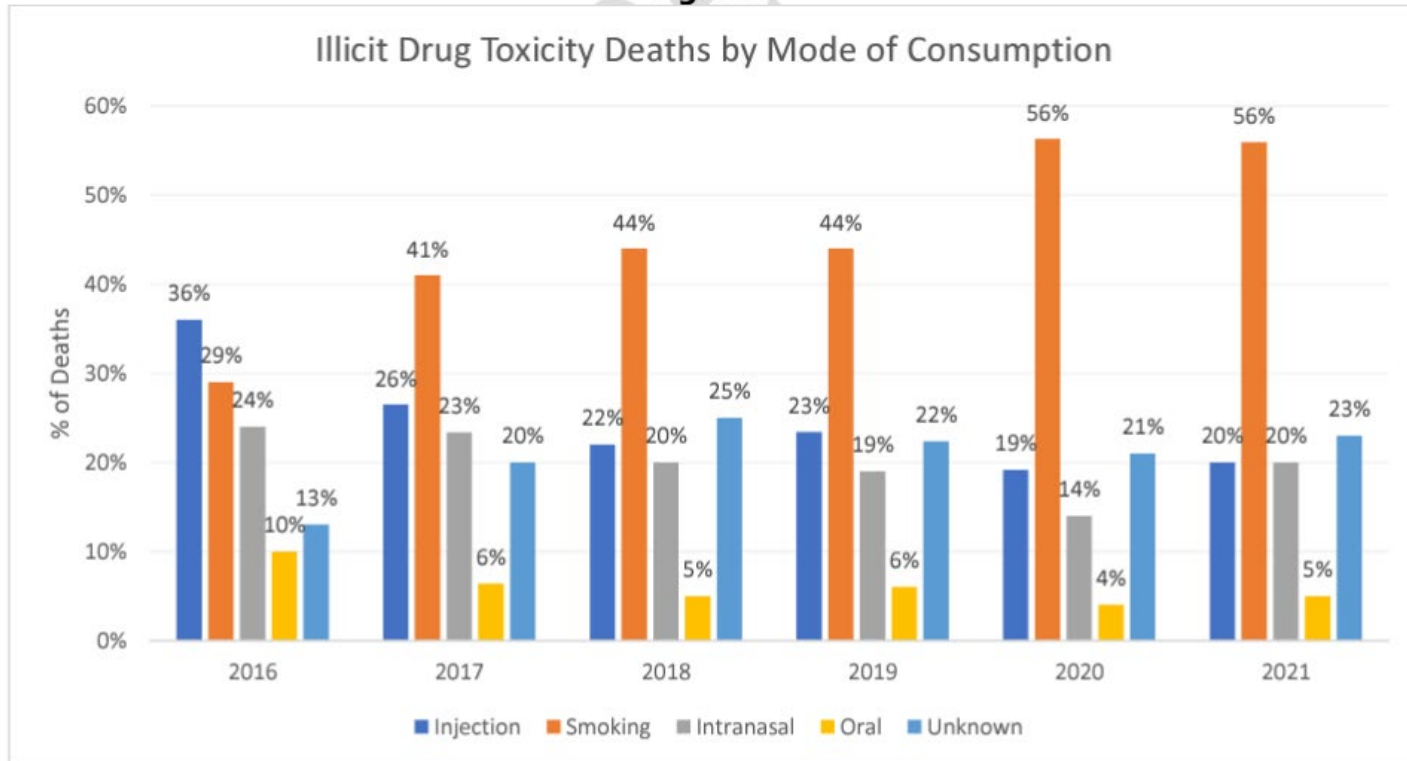


- ▶ Data from 2022 has found that fentanyl or its analogues have been detected in 86% of all illicit drug deaths.
- ▶ 73% of samples have detected at least one stimulant, 18% at least one other opioid, and 38% benzodiazepine.
- ▶ People are dying because non-prescribed, non-pharmaceutical fentanyl is poisoning them on an unprecedented scale.

Mode of consumption changing



Figure 1

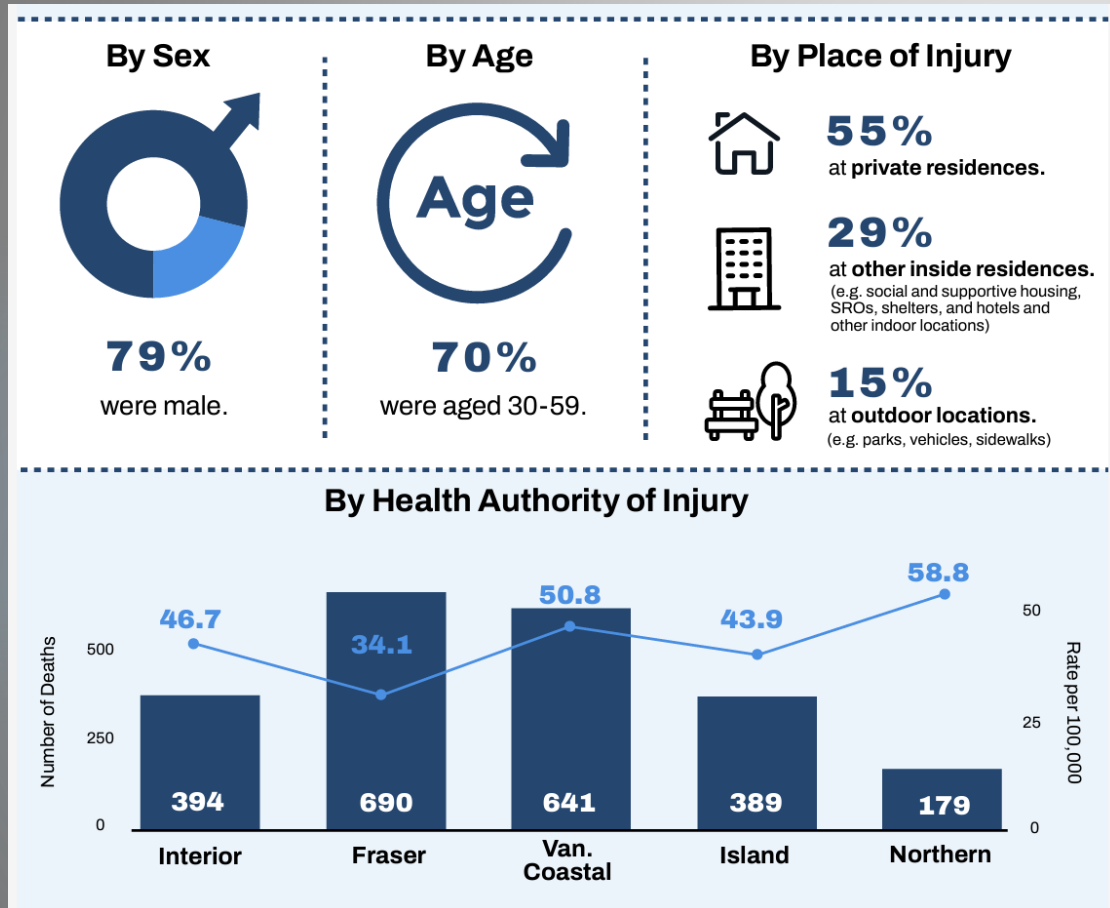


*Data is preliminary and subject to change as investigations are completed. In some cases, more than one mode of consumption was identified; therefore, percentages add up to more than 100%.

Mode of consumption has changed:

- In 2016, injection was the most common mode of consumption.
- 2017 onwards, smoking was the most common mode.
- The number of OPS/SCS sites has significantly increased – from one site in 2016 to 45 as of February 2023, including 17 sites offering inhalation services.

How well do we really understand who is dying?

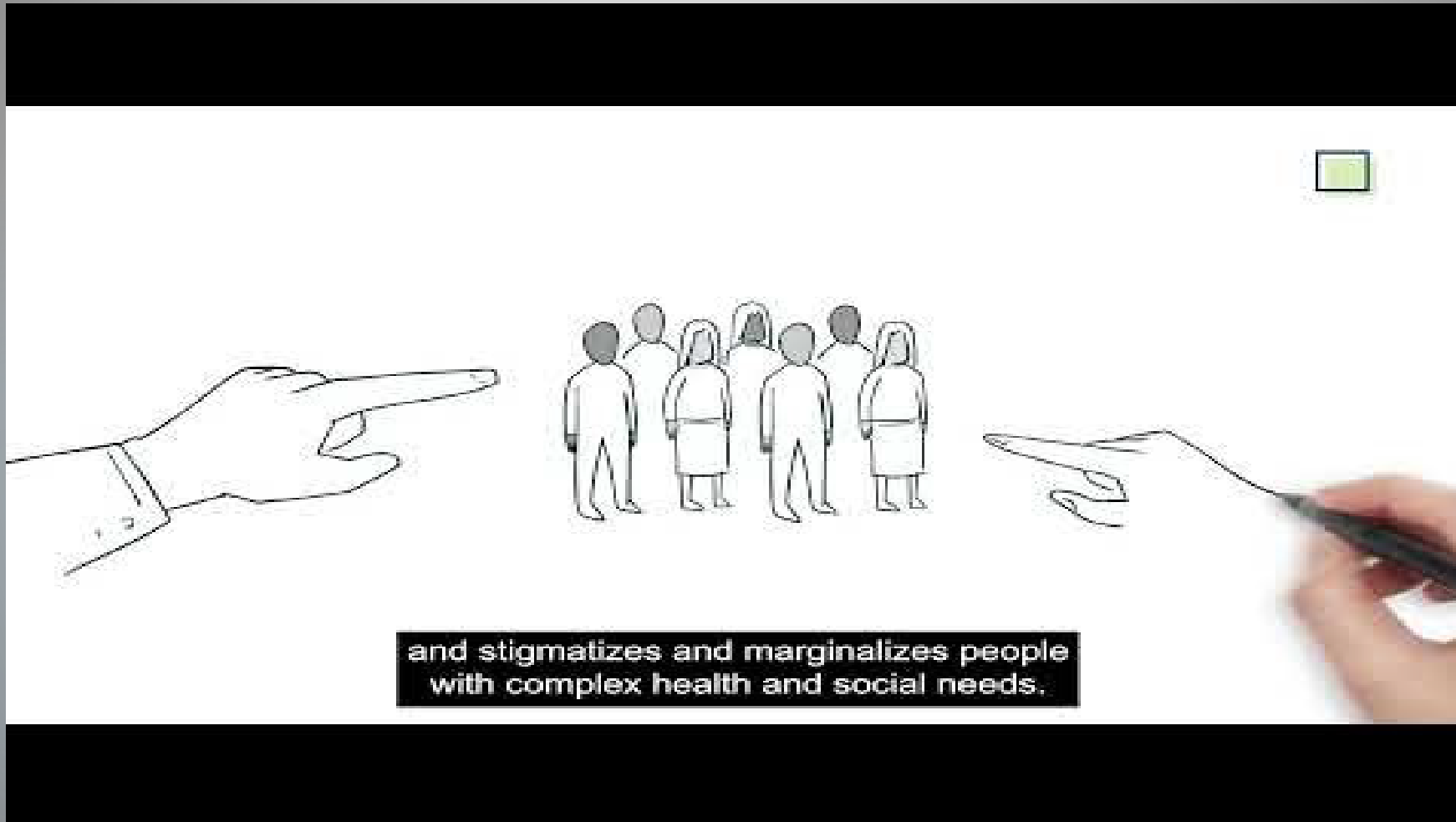


- 79% of all drug poisonings deaths are male.
- 70% aged between 30-59
 - The average age of people who died is 42.
- Deaths are occurring in every community across the province
 - 85% of deaths occurring indoors
 - 30% of these in social & supportive housing, SROs, shelters.
 - **In Vancouver this number is closer to 45%.**

Impact on Specific Groups

- ▶ Toxic drugs are killing First Nations residents in B.C. at nearly 6 times the rate of overall population.
 - 373 First Nations people died from illicit toxic drugs in B.C. in 2022.
 - Despite making up only 3.3 % of the province's population, First Nations members represented 16.4 % of toxic drug deaths in B.C. in 2022

How Did We End Up Here?




Drug Policy



- ▶ Important to understand the role that drug policy has played and continues to play in drug related deaths.
- ▶ This has only led to the marginalization and criminalization of people who use drugs.
- ▶ Drug policy is important but not the only driver of drug related deaths.
- ▶ Most investments today are focusing on managing the problem, not prevention or addressing root causes.

What does a Balanced Approach look like in the context of a 7 year public health emergency?



- 
- ▶ Requires a comprehensive and integrated approach.
 - ▶ Prioritizes prevention and education efforts that target individuals, families, and communities.
 - ▶ Recognizes the importance of harm reduction strategies to minimize the harms associated with drug use.
 - ▶ Addresses the social determinants of health.
 - ▶ Provides for accessible and evidence-based treatment and recovery services.
 - Ensuring a full continuum of care that includes withdrawal management, opioid agonist therapy (OAT), counseling, mental health care and aftercare supports.



Making Addiction Treatment More Realistic And Pragmatic: The Perfect Should Not Be The Enemy Of The Good – New Year Address Jan. 2022

“The magnitude of this crisis demands out-of-the-box thinking and willingness to jettison old, unhelpful, and unsupported assumptions [including] the traditional view that abstinence is the sole aim and only valid outcome of addiction treatment...”

Dr. Nora Volkow Director of the National Institute on Drug Abuse (NIDA).

A Person-Centered and Public Health approach



1. Address basic needs
 - ▶ This includes access to food, water, shelter, as well as access to education, employment, and a basic income.
 - ▶ Access to a stable environment, and protection from crime and violence.
2. Understands that substance use is often a symptom of underlying biological, psychological and social issues
 - ▶ Is it to cope with trauma, stress, or pain?
 - ▶ Ask why the drugs? What need it is meeting?
3. Promotes Well-being: This includes physical health, mental health, and access to healthcare.
 - ▶ Social connections and relationships: This includes access to social networks and support systems, as well as a sense of belonging and community.


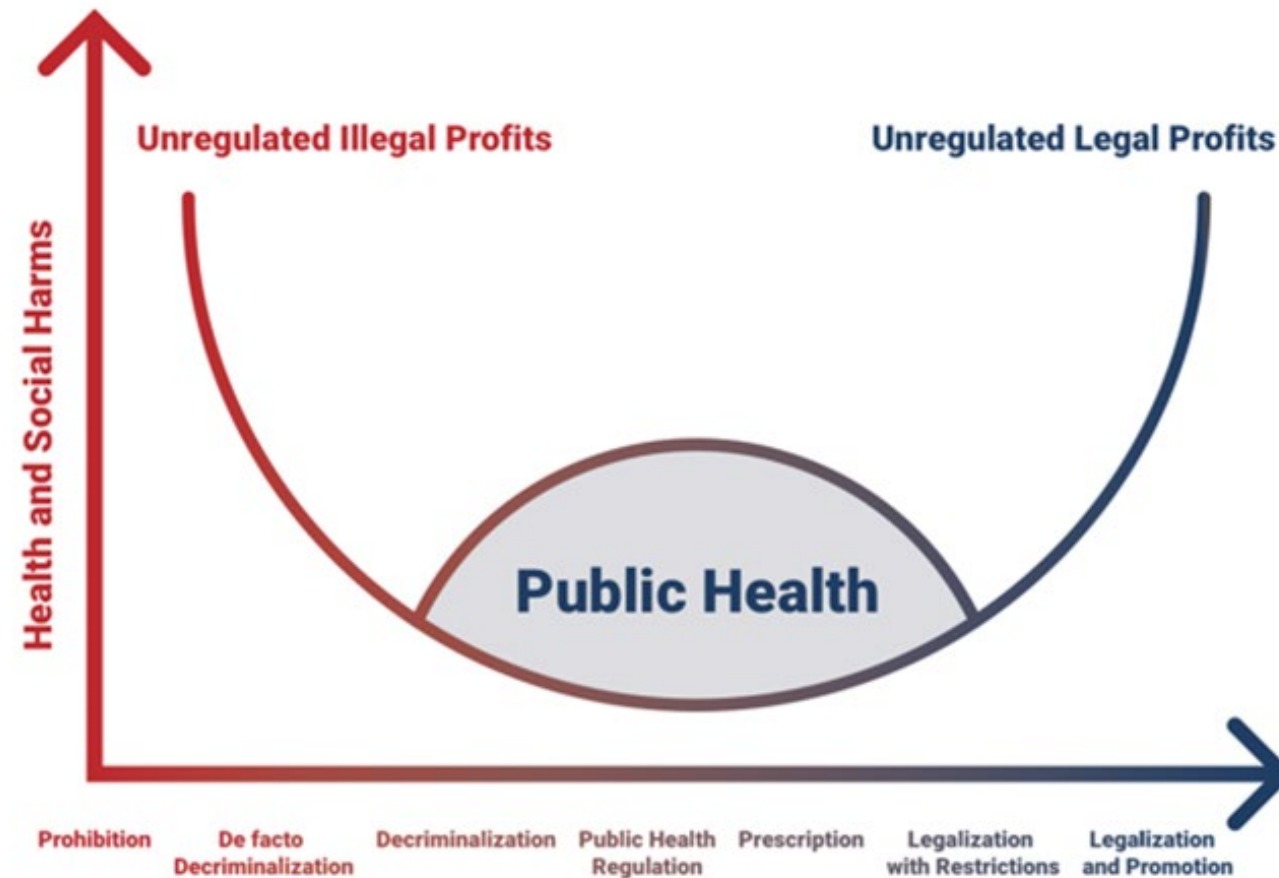
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4. Move away from a system that sustains the marginalization and criminalization of people who use drugs
 5. Shift the focus from enforcement and reducing drug use to promoting public health and safety and reducing harm.
 6. Place the individual at the centre of decision-making and recognize their unique needs, experiences, and aspirations. Provide better access to care when people are ready.
 7. A commitment to evidence-based interventions.
 - Harm reduction measures such as naloxone, supervised consumption sites and drug testing.
 - Treatments such as Opioid Agonist Therapy (OAT), counselling and integrated treatment approaches addressing both substance use disorders and co-occurring mental health conditions simultaneously.

Figure 4.1 - Continuum of Drug Policy Approaches



Source: Adapted from Marks J. 1990. The Paradox of Prohibition. In: *Controlled Availability: Wisdom or Disaster*.⁴⁹

Decriminalization of Drug Use



- ▶ People who experience a substance use disorder are over-represented in Canada's criminal justice systems.
- ▶ Evidence suggests that decriminalization can be an effective way to mitigate the harms of substance use.

Decriminalization

Decriminalization in BC: Key Features



Applies to adults 18+



Inclusive of opioids, crack/powder cocaine, methamphetamine, and MDMA



Police will provide resource cards with information on local supports and will make voluntary referrals



2.5g cumulative threshold amount, with police discretion above



Approaches to unique populations, including Indigenous Peoples and people in rural/remote areas



Robust police training, and monitoring and evaluation framework

NO arrests or seizures for personal possession under the threshold

NO fines, tickets or other administrative sanctions

NO mandatory treatment or diversion

Decriminalization *Does NOT*:

Legalize Drugs

Drugs remain illegal.
Selling Drugs (trafficking) remains illegal.

NOT Increase Drug Use

There is no evidence, from decriminalization models around the world, that decriminalization increases drug use.

Decriminalization *Does*:

Reduce risks of:

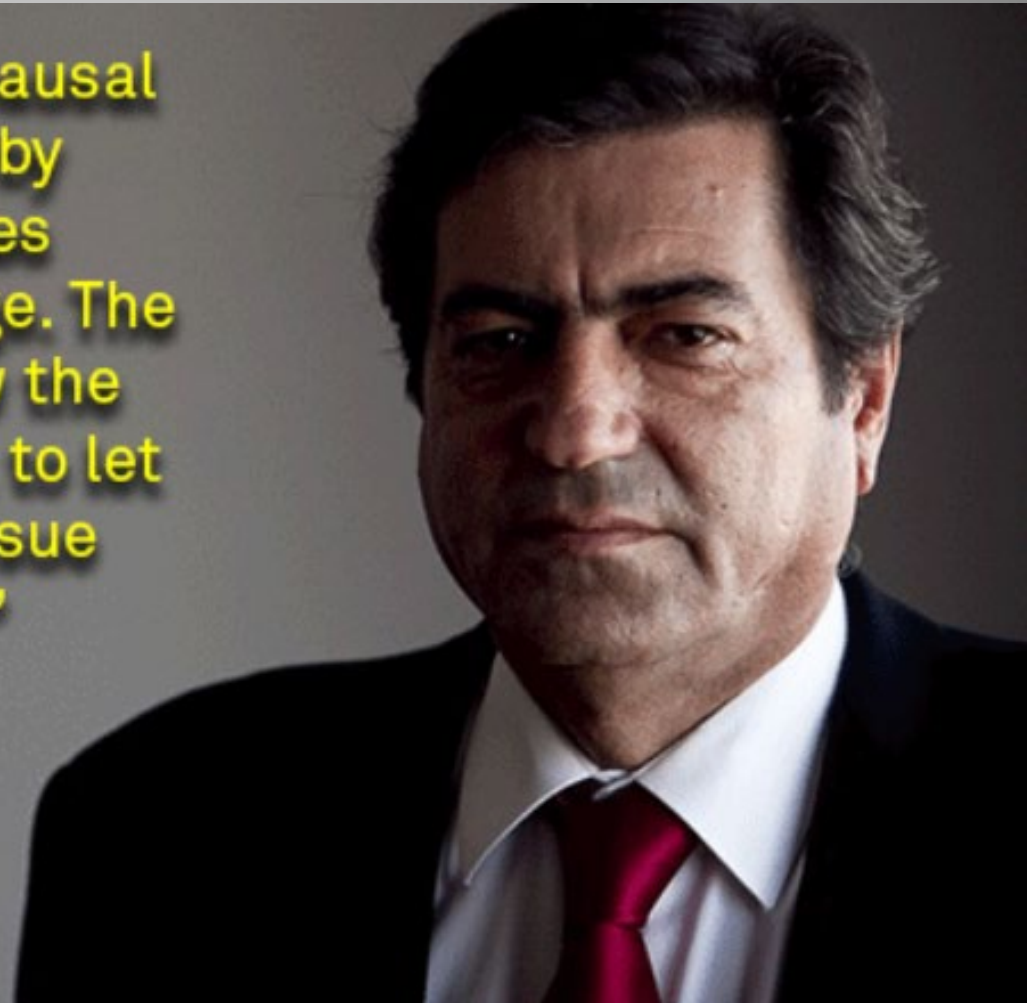
Drug Seizures
Arrests
Criminal Charges
Convictions

For possession of small amounts of illicit substances personal use.

Police will provide information and voluntary referral to health care, harm reduction and treatment supports

“It’s very difficult to identify a causal link between decriminalisation by itself and the positive tendencies we’ve seen ... It’s a total package. The biggest effect has been to allow the stigma of drug addiction to fall, to let people speak clearly and to pursue professional help without fear.”

Dr João Goulão
Architect of Portugal’s
decriminalisation policy



Harm Reduction

Harm reduction services include...



Syringe Access



Syringe Disposal



Safer Drug Use



Naloxone



Medication Assisted Treatment



Supervised Consumption Services



Drop-In Centers



Housing First



Pharmacy Access



Referral & linkage

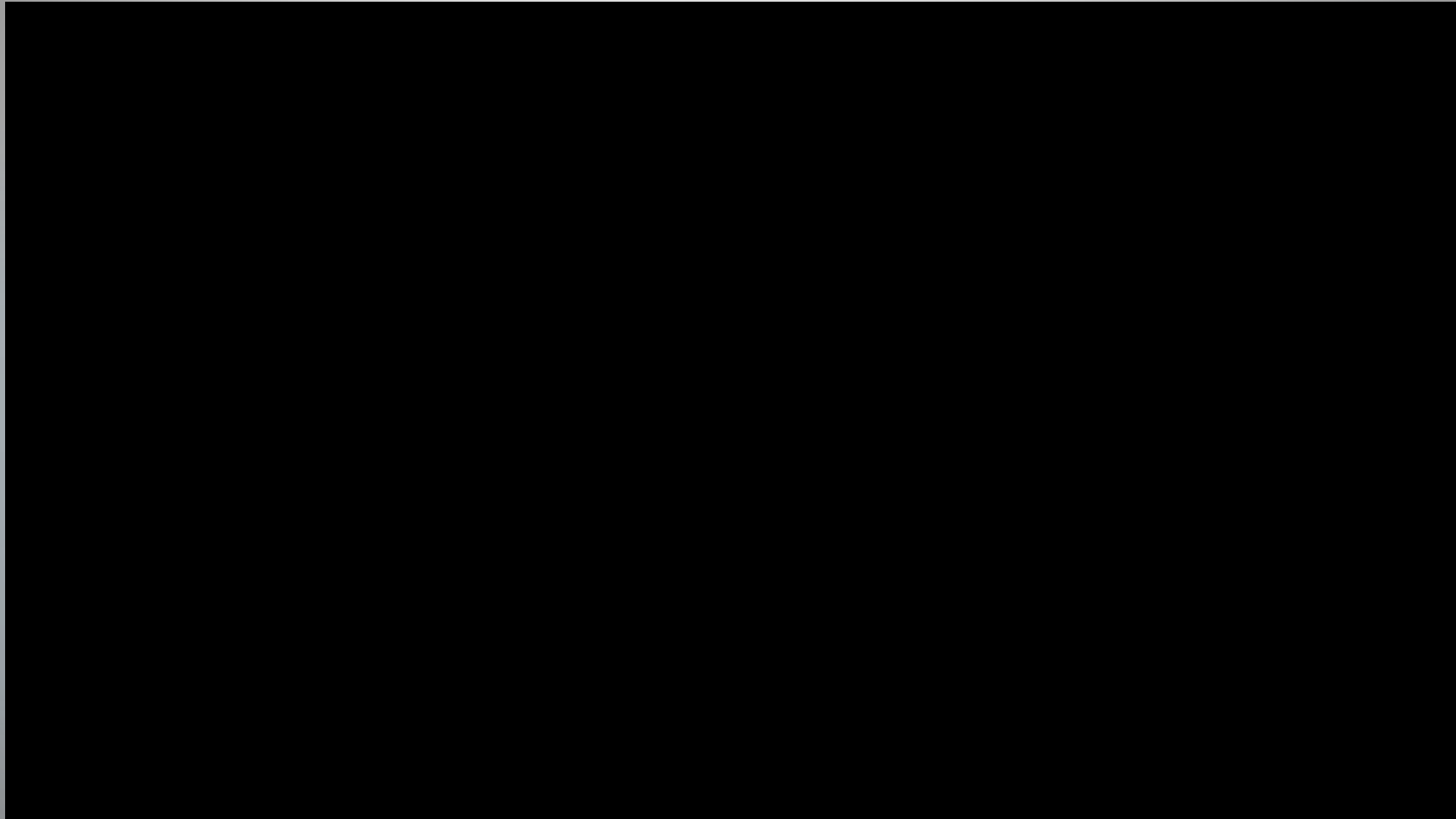
“Is an evidence-based approach to reduce the negative consequences associated with substance use.” (Harm Reduction International).

- ▶ Harm reduction also extends far beyond safer substance use.
- ▶ Harm reduction is food, it is medication taken consistently. It is housing, and access to nurses and medical providers.

Meet people where they are



Curtis Carter: Harm Reduction saved my life



How can we strengthen Harm Reduction Services

- ▶ Expand drug testing.
- ▶ Incorporate additional services such as primary healthcare, mental health support, counseling, HIV and hepatitis testing, wound care, and referrals to addiction treatment.
- ▶ Increase the number of supervised consumption sites in areas where they are most needed.
 - Offering inhalation services.
- ▶ Integration with Treatment Services which helps bridge the gap between harm reduction and long-term recovery, offering a continuum of care to individuals seeking assistance.

Treatment & Recovery



So what do we mean when we talk about treatment and recovery services?

Treatment: In the context of substance use disorders (SUDs), refers to a range of interventions and approaches aimed at helping individuals overcome their drug or alcohol addiction and achieve recovery. Like other chronic diseases, addiction can and most often is managed successfully.

“Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to achieve their full potential.” (SAMHSA’s Working Definition of Recovery)

Mental Health AND Addictions





Ministry of
Mental Health
and Addictions

Why Mental Health Care is important in treating addiction?

- ▶ Many people who struggle with addiction also have underlying mental health conditions such as depression, anxiety, or trauma.
- ▶ Integrated treatment approaches for co-occurring disorders, combine mental health care and addiction treatment into a single, comprehensive program.
- ▶ People who inject opioids have a high prevalence of concurrent substance use and mental illness. Because these conditions tend to exacerbate each other, it is ideal to treat them concurrently.
- ▶ Need to prioritizing mental health care.

Substance Use Treatment Services



1. Acute intoxication service (sobering centre)
2. Community substance use counselling services
3. Substance use peer and family support services
4. Substance use-specific intensive case management (ICM)
5. Home and mobile withdrawal management services (WMS)
6. Community bed-based WMS
7. Hospital bed-based WMS
8. Stabilization beds – Step up/step down
9. Substance use-specific day or evening treatment services
10. Addiction medicine services (OAT)
11. Community bed-based treatment services
12. Substance use supportive recovery services
13. Bed-based intensive (tertiary) substance use treatment

Opioid Agonist Therapy

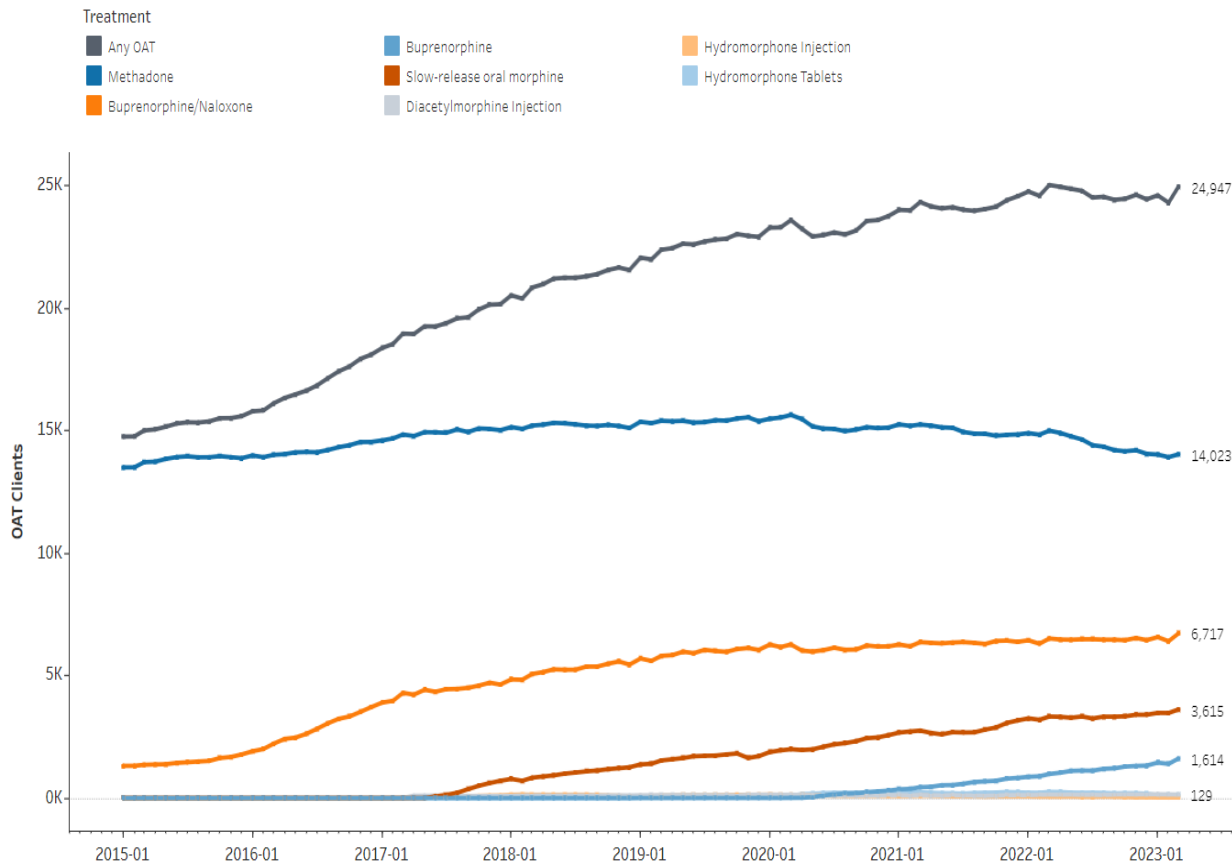


- ▶ Opioid Agonist Therapy (OAT) is one of the most important public health strategies to prevent overdose deaths.
- ▶ Recognized as the gold standard and first line of treatment for individuals experiencing opioid use disorder.
- ▶ Long-term engagement in opioid agonist therapy (OAT) has been consistently associated with reduced risk for morbidity and mortality in people with opioid use disorder (OUD).
- ▶ Having access to and a choice of all medications may enhance adherence to treatment and outcomes.

Opioid Agonist Therapy – Limitations

Number of Clients Dispensed Opioid Agonist Treatment (OAT)

Health Authority: All BC, Sex: All, Age Group: All



- ▶ Despite an increasing number of prescribers, clients receiving OAT for the First Time has remained flat over past few years.
- ▶ It does not address the multifactorial issues associated with OUD including mental health, trauma, chronic pain, housing, poverty, and other social determinants of health.
- ▶ What would outcomes look like if people had wrap around community-based care?

BC Coroners Death Review Panel 2018

On October 11, 2017, the British Columbia Coroners Service (BCCS) held a death review panel on illicit drug overdose deaths. It noted:

- ▶ *“While OAT and iOAT are critical for addictions treatment and stabilization, there must be a continuum of care from withdrawal management through to OAT and to recovery programs and after care.”*
- ▶ *“There is a need to eliminate silos, ensure standards are in place, ensure governance and accountability, evidence-based treatment, and that program outcomes are provincially evaluated and monitored.”*

Kinghaven Treatment Centre



Phoenix Centre



The Sanctuary Program



What do these programs have in common?

- ▶ Stabilization beds
- ▶ Accepts people using OAT
- ▶ Access to pharmacy services onsite
- ▶ Programs that offer choice of modalities, SMART, 12-step, MI
- ▶ Long term - Access to second stage housing
- ▶ After care services
- ▶ Employment and educational programs
- ▶ Large Recovery Community

Red Fish Healing Centre



Integrated Service Model



Questions?

