Addressing the drivers of BC's overdose emergency

British Columbia has been in a public health crisis since 2016 due to escalating deaths from overdose, exacerbated during the COVID-19 pandemic, with an unprecedented six lives lost per day.[1] A better understanding of the root causes that contribute to overdose is key to orient harm-reduction strategies and offer sustainable prevention strategies. A recent comprehensive review of the literature identified the drivers of the overdose emergency. This work is an important addition to the efforts to expand downstream overdose prevention work, and both are necessary to halt the devastating loss of life.

Laws that criminalize people for simple possession of drugs and drug use create health and social harms. Criminalization can lead individuals to use higher-risk practices to avoid detection. It can contribute to stigma and negative attitudes in the public and among health providers that can block help-seeking activities and undermine an effective systemic response. Incarceration itself is a risk factor for overdose and poor health outcomes. Access to a safer supply of pharmaceutical alternatives is necessary to separate individuals from an increasingly toxic illegal drug supply. Doctors of BC has endorsed a policy advocating for both decriminalization and safer supply as key measures to save lives.[2]

Promoting family well-being is at the heart of overdose prevention. A 10% increase in overdose deaths parallels a 2% increase in child maltreatment and a 4% increase in child apprehension.[3] Child removal is associated with subsequent overdose for mothers, a risk that is increased twofold among Indigenous women.[4] Notably, losing a loved one to overdose during childhood is a marker of adversity with repercussions along the lifespan. Strengthening support for parents and families, particularly for those experiencing stress (e.g., screening for adversity, nurturing supportive relationships and resiliency, providing alternatives to apprehension), is key to mitigating the reverberating impacts of overdose now and for future generations.

Overdose is strongly concentrated in social gradients. Socioeconomic marginalization, neighborhood poverty, food insecurity, unemployment, and housing instability are correlated with overdose, with structural racism identified as a root cause of the overdose epidemic. In one US study, overdose deaths among a White rural population were likely to be precipitated by an abrupt decline in circumstances (e.g., job loss, divorce), whereas overdose deaths among racialized communities were associated with intergenerational income immobility and deprivation.[5] Indigenous populations have used their collective strengths to buffer ongoing legacies of colonialism. Respecting Indigenous priorities and addressing stigma and racism will be key to addressing the unequal impacts of overdose on Indigenous people in BC and Canada.

Addressing comorbidities and maximizing health care interactions is essential. The likelihood of overdose increases fivefold when a substance-use disorder is present and close to fourfold when a mental illness is present, and it is highest yet for those with a dual diagnosis.[6] A 2016 BC Coroners Service review found that one-third of youth and young adults who died by overdose in BC had a mental illness diagnosis.[7] Transitions to or from an abstinence-based context, such as incarceration or substance-use treatment, are vulnerable periods for overdose, while access to harm-reduction services (such as supervised consumption sites) and family physicians is protective. Proactive screening and follow-up at key health care access points (e.g., primary care, mental health, emergency services) is fundamental to preventing overdose deaths.

We have to do better. Engaging people with lived and living experience is necessary to contextualize the literature and share what is needed. Interventions such as safer supply and decriminalization are imperative to provide alternatives to the toxic drug supply now. Timely access to robust, integrated population data specific to BC, encompassing rural and remote communities, is essential to focus proactive and equitable overdose response efforts throughout the health system and beyond. And elucidating pathways that may lead to overdose, including the role of adversity and social disadvantage, is critical to better supporting individuals, families, and communities in overdose prevention across the lifespan. ■

—BCCDC Overdose Drivers Knowledge Translation Group

This article is the opinion of the BC Centre for Disease Control and has not been peer reviewed by the BCMJ *Editorial Board.*

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But their real love was international travel. In all, she visited 128 countries.

Gail had amazing resilience. She survived cancer four times. First it was breast cancer on one side, then the other. While in remission from that she was diagnosed with leukemia, which was successfully treated, but it reoccurred. I saw her in the oncology ward at Vancouver General Hospital. She told me there was a 15% chance of survival and that she would be part of that 15%. She was right. After recovering in India she went back to work in the Middle East.

When Gail retired in 2008, she and Naren moved to Sidney, BC, but they were continually on the move. Winters were spent oil painting in Indio, California, and skiing in Rossland, and summers in Sidney and Rossland. She loved her flower garden in Rossland and was a regular at Butchart Gardens. She was a very accomplished and prolific painter, a skill she learned in Abu Dhabi.

When she learned that she had lower motor neuron disease, she had already faced death many times. We spent the last year telling each other funny stories.

Gail was a brilliant doctor and a great friend, and she had an extraordinary zest for life. She always looked for the good in people, made friends easily, and was full of cheer and good spirit. She insisted on celebrating her life while she was still alive, and when the final moment came, she said adieu to this world while sipping Dom Pérignon. She died at home in Sidney on 13 January 2022. She is survived by her husband, Naren Simone; her sister, Marilyn; and two brothers, Gary and Barry.

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CME calendar

Rates: $75 for up to 1000 characters (maximum) plus GST per month; there is no partial rate. If the course or event is over before an issue of the *BCMJ* comes out, there is no discount. **Deadlines:** ONLINE: Every Thursday (listings are posted every Friday). PRINT: The first of the month 1 month prior to the issue in which you want your notice to appear; e.g., 1 February for the March issue. The *BCMJ* is distributed by second-class mail in the second week of each month except January and August. **Planning your CME listing:** We suggest that your ad be posted 2 to 4 months prior to the event. **Ordering:** Place your ad at www.bcmj.org/cme-advertising. Payment is accepted by Visa or Mastercard on our secure online payment site.

PSYCHOLOGICAL PPE, PEER SUPPORT BEYOND COVID-19

Online (every 2nd and 4th Wednesday)

In response to physician feedback, the Physician Health Program's drop-in online peer-support sessions, established in April 2020, are permanently scheduled for every second and fourth Wednesday at noon. The weekly sessions are cofacilitated by psychiatrist Dr Jennifer Russel and manager of clinical services Roxanne Joyce, and are drop-in with no commitment required. The focus is peer support, not psychiatric care. All participants have the option to join anonymously. To learn more about the sessions and the program, visit www.physicianhealth.com/how-we-can-help/peer-support. Email peer support@physicianhealth.com for the link to join by phone or video.

ANATOMY-BASED BOTULINUM TOXIN TRAINING

Online and Vancouver UBC campus (Now–30 Dec 2022)

Expand your practice with injectables. Learn both the therapeutic (migraines/headaches) and aesthetic (fine facial lines and wrinkles) applications. PTIFA offers anatomy-based training (20+ hours) and training recognized by the highest standard of practice in Canada. Receive the most clinically based training, including the opportunity to inject eight-plus patients. Courses held monthly on UBC Campus in Vancouver. Start today with the online Level 1 – Advanced Anatomy course (20 CME). Save $500. Use code "BCMJonline" before 30 June 2022. Register now at PTIFA.com.

GP IN ONCOLOGY EDUCATION

Online (12–23 Sept and 3–17 Oct 2022)

BC Cancer's Family Practice Oncology Network offers an 8-week General Practitioner in Oncology education program beginning with a 4-week virtual introductory session every spring and fall at BC Cancer–Vancouver. This program provides an opportunity for rural family physicians, with the support of their community, to strengthen their oncology skills so that they can provide enhanced care for local cancer patients and their families. Following the introductory session, participants complete a further 30 days of clinic experience at the cancer centre where their patients are referred. These are scheduled flexibly over 6 months. Participants who complete the program are eligible for credits from the College of Family Physicians of Canada. Those who are REAP-eligible receive a stipend and expense coverage through UBC's Enhanced Skills Program. For more information or to apply, visit www.fpon.ca or contact Dilraj Mahil at dilraj.mahil@bccancer.bc.ca.