Update on the Opioid Crisis and De-Stigmatization Grants
Background
Opioid Crisis Background

City Actions

April 2016
BC declares crisis a public health emergency

November and December 2016
Over 150% increase in overdose deaths in Vancouver

Spring 2017
Overdose deaths remain at unprecedented levels

Dec 2017
After a slight decline, overdose deaths increase across Vancouver

December 2016
City institutes 0.5% property tax to mitigate crisis impacts

February to July 2017
City invests $3.5M for first responders and community

Spring 2018
Co-chair Community Action Team and initiate Urban Health Leaders Action Council

Crisis Overview
Actions are Making an Impact

Monthly VFRS Overdose Calls: 1 Jan 2014 - 31 Mar 2018

Data Source: Vancouver Fire and Rescue Services
Vancouver Fire and Rescue Service Overdose Calls Attended in 2017

City total: 6,234

Community health service areas mapped by natural breaks:
- 8 to 46 calls in area
- Downtown: 661 calls
- 66 to 132 calls in area
- DTES: 3,567 calls

Data Source: Vancouver Fire and Rescue Services
Final Investment from Contingency Budget

$3.5M to address the Opioid Crisis

Vancouver Fire and Rescue Services
- Additional DTES Medic Unit
- Health and wellness supports

Community Policing and Safety
- New Strathcona CPC
- Sustained budget increase for CPCs

Community Overdose Grants
- Leveraged: Over $1.07m
- 23 high impact projects
- $600K towards peer employment, capacity building
- $100K for de-stigmatization
Estimated Ratio of Overdose Deaths to Calls, Jan 1-Dec 31

Total number of VPD overdose-suspected deaths to total number of VFRS overdose calls.
Map shown by local health area. City overall ratio: 1:22
VFRS calls from UBC are excluded.
Toxicology reports are not yet complete on police-attended sudden death cases, and final overdose death numbers need to be confirmed by the BC Coroners Service.
Stigma and the Opioid Crisis
A HEALTHY CITY FOR ALL

Stigma, Exclusion and Access

Caring For All:
Priority Actions to Address Mental Health and Addictions

De-stigmatization
Feeling Safe and Included
Stigma, Exclusion and Access
Stigma and the Opioid Crisis

**Negative attitudes and behaviours towards people that use substances.**

- Based on social, cultural and moral norms
- Leads to fear, shame, discrimination, exclusion
- Creates barriers to housing, employment, health services
- Drives isolation – 50% of deaths among people alone
Stigma and Drug Prohibition

“At the very least, we should be working to decriminalize the individuals who are at risk in this epidemic.”

- Dr. Perry Kendall

Source: Jan 2018 “Most tragic year ever’ in B.C. brings push to decriminalize use of opioids, The Times Colonist
The Federal government has recognized that charges for personal possession are a barrier to saving lives.

In May of 2017, the government passed the **Good Samaritan Drug Overdose Act**, which provides an exemption from charges of simple possession when calling 911 during an overdose.

By removing the fear of criminal charges, the Government is encouraging people to access lifesaving health services.
“Protecting the lives of Canadians is our most important priority. This law ensures that you can call for help when someone is having a drug overdose and stay to provide them support until emergency responders arrive with guaranteed immunity from certain charges related to simple possession of illegal drugs.”

Ralph Goodale
Minister of Public Safety and Emergency Preparedness

Source: May 2017 “Good Samaritan Drug Overdose Act Becomes Law in Canada”, Health Canada News Release
To work towards addressing the drug-related **health crisis** in Vancouver by reducing harm to communities and individuals.

That the Federal Government initiate a process of reviewing Canada’s legislative, regulatory and policy frameworks governing illegal drugs … AND … consider regulatory alternatives to the current policy of prohibition for currently illegal drugs.

Call on all governments and international organizations … to Decriminalise drug users.
Health Promotion Approach

Disconnected, limited opportunity, stigma persists

Comprehensive Plan
- Prevention
- Treatment
- Harm Reduction
- Safety and Inclusion

Health System
Criminal Justice System

Health and Safety Promotion
De-Stigmatization Grants
Changing Perceptions on Substance Use
The Impacts of Stigma

- Stigma creates barriers for people accessing health and other services
- Stigma leads to fear, shame and exclusion
- De-stigmatization requires the voices of people with lived experience
- Face-to-face interactions are a leading best practice for addressing stigma
Ministry of Mental Health and Addictions launched province-wide awareness campaign earlier this year

Focus on de-stigmatizing substance use, promoting resources, dispelling myths around addiction
Local Solutions to Address Stigma

$100K approved for mental health and addictions de-stigmatization programs

PWLE Advisory – 6 meetings in 2017

2 Key Projects - Speakers Bureau Resource Guide
Speaker’s Bureau - $85,000

Will recruit people with lived experience of mental health or addictions issues to raise awareness and reduce stigma

Group of experts that can present at conferences, events and schools

Meaningful employment for peers while changing the conversation around mental health and substance use

Granted to **Megaphone**, who held last year’s successful ‘How to Save a Life’ overdose awareness event series – **CBC** will be media sponsor
Since joining the Mayor’s Task Force, PWLE Advisory has described having challenges knowing where and how to access services

**Access to Healthy Human Services Survey:**
~50% unaware of how to access mental health help
55% unaware of how to access addictions help

Peer-informed resource guide would help improve system navigation

Granted to **Watari Counseling and Support Services Society**, who previously produced the ‘Survival Manual’
Stigma continues to push people into isolation and fuel this crisis

Substance use needs to be treated as a health rather than criminal issue

Decriminalization can be one part of a comprehensive approach

A collaborative health approach is needed to address this crisis

We need to support the voices of people with lived experience
Hearing from People with Lived Experience