

Harm Reduction & Medically Supported Treatment Saves Lives

Drug poisoning death events prevented from 2019-2024

The toxic drug supply crisis was declared a public health emergency in 2016 and over 15,000 lives have been lost in BC. Health-care systems in BC have expanded services to address harms caused by the crisis. More people are accessing naloxone through the Take Home Naloxone program, visiting witnessed consumption sites where trained staff can respond if a drug poisoning (overdose) happens, and receiving opioid agonist treatment to manage withdrawals and cravings.

The BC Centre for Disease Control (BCCDC) used modeling to estimate the impact these 3 services had on drug poisoning deaths from January 2019 to October 2024.



~8 of 10 potentially fatal events were prevented

54,700

death events were prevented with Take Home Naloxone, witnessed consumption sites, or opioid agonist treatment.

66,470

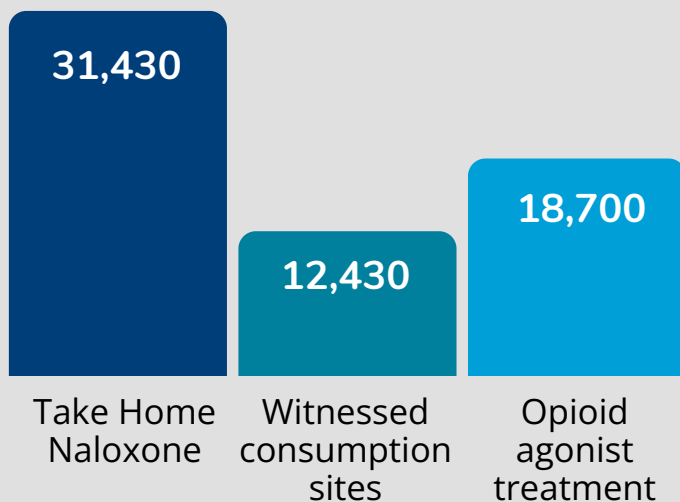
death events could have occurred with no interventions.

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82%

of all death events prevented

Death events prevented by service



Take Home Naloxone, witnessed consumption sites, & opioid agonist treatment are all effective services for preventing drug poisoning deaths.

Frequently asked questions

Does 54,700 death events prevented mean that 54,700 lives were saved?

No. A prevented death could have occurred more than once for one person. For example, if a person had a drug poisoning (overdose) two times in 2023, but THN was used both times to prevent death, these two occurrences would count as two deaths prevented.

Previous work showed that ~45% of death events were prevented through these interventions, and now it's ~80%. Why has it changed so much?

The number of deaths prevented have increased because of the changes made to how data has been collected and because of the higher death rates per overdose calculated. Details of the changes made are described under “Why did BCCDC need to change the modelling methods?”.

What factors might impact the role each service plays in preventing drug poisoning deaths?

The impact of a service can be limited if it is not easily accessible or available. Of the 3 services assessed, THN is easiest for people to access, especially in rural and remote areas. In comparison, witnessed consumption sites are not available in every community, may operate with limited hours, or only provide certain services. Additionally, people may not visit a site if they don't feel welcome or safe.

Why did BCCDC need to change the modelling methods?

We made changes to the model because of changes made to data collection in 2023. This includes changes to the way we estimate the number of THN kits used. Now, we estimate this by using the number of THN kits shipped to sites together with data they submit on the number of kits they distribute.

What sources of data are included in the model?

- Drug poisonings at selected health authority-funded witnessed consumption sites
- Monthly opioid agonist treatment clients from PharmaNet
- BC Coroners Service data on unregulated drug toxicity deaths
- BC Emergency Health Services data on paramedic-attended opioid drug poisonings

Can I compare the old results with the new results?

No, the old results cannot be compared with the new results because the new model uses more data.

Have these methods been peer reviewed?

Yes, these methods have been evaluated by independent experts in the field that review the work for quality and accuracy. The peer reviewed paper can be found here: Irvine, M.A. et al (2024). “Estimating the total utilization of take home naloxone during an unregulated drug toxicity crisis: A Bayesian modeling approach.” International Journal of Drug Policy. 128 (2024): 104454.

Glossary

Death event: A technical term commonly used in public health to refer to the occurrence of a death.

Death event prevented: Refers to a situation where death could have occurred but it was stopped.

Witnessed consumption sites (WCS): Locations where people can use substances under the supervision of trained staff. Staff are available to respond to a drug poisoning, if it happens. Overdose Prevention Sites (OPS) are regulated provincially, whereas Supervised Consumption Sites (SCS) are regulated federally.

Opioid agonist treatment (OAT): Medications meant to prevent withdrawal and reduce cravings associated with opioid dependence.