

Overdose Prevention Services (OPS) Indicators

Indicators	<ol style="list-style-type: none"> 1. Monthly number of visits to Overdose Prevention Services and Supervised Consumption Services related to substance use by any method. 2. Monthly number of visits to Overdose Prevention Services and Supervised Consumption Services for inhalation of substances. 3. Monthly number of overdoses survived at Overdose Prevention Services and Supervised Consumption Services.
Definitions	<p>An Overdose Prevention Service (OPS) is a client service location with staff trained in overdose recognition and naloxone administration available to respond to and prevent brain injury and death should overdose occur. The locations vary considerably in structure and function. OPS were first mandated to open in all BC health authorities in December 2016 by <i>Order of the Provincial Health Officer</i>. Supervised Consumption Services (SCS) provide similar services to OPS locations, operating under a federal exemption under section 56.1 of the Controlled Drugs and Substances Act. Sites may offer witnessed injection, inhalation, insufflation, ingestion, or any combination thereof.</p> <p>OPS/SCS operate in a number of service models, including fixed sites, mobile sites, housing-based sites, peer-to-peer services, and episodic witnessing; these indicators reflect only those services provided at health authority-funded fixed and mobile sites.</p> <p>Number of total visits: Visits to an OPS/SCS for witnessed consumption of substances through injection, inhalation, ingestion, or insufflation.</p> <p>Number of inhalation visits: Visits to an OPS/SCS for witnessed inhalation (smoking) of substances. The number of inhalation visits is a subset of the total number of visits.</p> <p>Overdoses survived: Overdoses responded to on-site or under the supervision of site staff are included in the counts. Overdoses responded to by OPS/SCS staff, but which occur offsite, are excluded (i.e. staff leave premises to respond in community).</p> <p>Geography: This indicator is available at provincial and Health Authority levels.</p> <p>Frequency: This indicator is refreshed monthly.</p> <p>Lag: There is a one-month lag on this data.</p>
Data Source(s)	<p>Regional Health Authorities that operate or fund OPS and SCS sites collect data for operational and evaluation purposes. This is a secondary use of an existing data flow, provided to BCCDC by Epidemiology Unit liaisons, for agreed upon purposes.</p>
Data Notes	<ul style="list-style-type: none"> • Data represent service utilization for health authority-funded fixed site and mobile site OPS/SCS across BC. Data from housing-based OPS sites and episodic witnessing are not included. • Data are preliminary, derived from live environments, and subject to modification. • Service volumes fluctuate month-to-month for reasons including, but not limited to: <ul style="list-style-type: none"> ○ COVID-19 public health measures (site closures, capacity limits, and/or service reductions)

- Weather-related considerations – including extremes of hot and cold and severe weather events
- Fluctuations in staffing levels
- Opening of new sites and closing of existing sites
- Changes in service models; not all service models report data to regional health authorities.
- Site-specific definitions of overdose may range from only those who received naloxone to those in which sternal rub was applied to determine level of consciousness and/or breathing was assessed but no naloxone was administered.
- Visits for witnessed inhalation are reported effective January 2021. Inhalation services may have existed before this time, but disaggregated data were not consistently available before this point in time. Visits for witnessed inhalation are included in the number of total visits for witnessed substance use.