# FW: Death at an OPS s.13; s.22

From: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca>
To: Watters, Jordan MMHA:EX < Jordan.Watters@gov.bc.ca>
Cc: Davison, Carolyn J MMHA:EX < Carolyn.Davison@gov.bc.ca>

Sent: December 22, 2022 2:29:31 PM PST

Jordan - FYI

Carolyn – since you are acting ED next week, in case this comes up

From: Sturtevant, Darryl MMHA:EX < Darryl.Sturtevant@gov.bc.ca>

Sent: December 22, 2022 1:38 PM

To: Wall, Christie MMHA:EX <Christie.Wall@gov.bc.ca>; Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>

Subject: Fwd: Death at an OPS s.13; s.22

Fyi

Get Outlook for iOS

From: Lysyshyn, Mark [VCH] < Mark.Lysyshyn@vch.ca > Sent: Thursday, December 22, 2022 1:29:47 PM

**To:** <u>Darryl.Sturtevant@gov.bc.ca</u> < <u>Darryl.Sturtevant@gov.bc.ca</u>> **Cc:** Campbell, Darrion MMHA:EX < <u>Darrion.Campbell@gov.bc.ca</u>>

Subject: FW: Death at an OPS s.13; s.22

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Darryl

See below. Wanted to make sure OERC/MMHA was aware as well.

Mark

### Mark Lysyshyn MD MPH FRCPC

Deputy Chief Medical Health Officer Vancouver Coastal Health

mobile 604 506 3769
office 604 675 3878
e-mail mark.lysyshyn@vch.ca

I acknowledge that my place of work lies on the unceded traditional homelands of the Musqueam, Squamish and Tsleil-Waututh Nations.

The content of this e-mail is confidential and may be privileged. If you receive this e-mail in error, please contact the sender and delete it immediately.

From: Lysyshyn, Mark [VCH]

Sent: Thursday, December 22, 2022 12:18 PM

To: Emerson, Brian P HLTH:EX < Brian. Emerson@gov.bc.ca >

Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Daly, Patty [VCH] <Patricia.Daly@vch.ca>; Crabtree, Alexis

[BCCDC] <<u>Alexis.Crabtree@bccdc.ca</u>> **Subject:** Death at an OPSs.13; s.22

Brian

I understand you are currently acting as PHO.

I wanted to report an overdose death that occurred at an OPS \$.13; \$.22 . We have followed up with the site and confirmed that appropriate overdose response protocols were followed,\$.13

s.13; s.22

s.13; s.22 . We are

working with the site to prevent similar events in the future.

We will be working with our Communications colleagues to prepare an issues note that will go to MOH but wanted you to be aware in advance. Please let me know if you have any questions or concerns.

Mark

# Mark Lysyshyn MD MPH FRCPC

Deputy Chief Medical Health Officer Vancouver Coastal Health

mobile 604 506 3769 office 604 675 3878

e-mail mark.lysyshyn@vch.ca

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# RE: Time for a Chat?

From Wall, Christie MMHA:EX s.15

: s.15

To: Lysyshyn, Mark [VCH] <Mark.Lysyshyn@vch.ca>, Holliday, Elizabeth [VCH]

<Elizabeth.Holliday@vch.ca>

Sent: December 23, 2022 11:12:25 AM PST

Thanks both. Mark, I think we're ok and I very much appreciate your sending the draft IN. I will not share it further.

Elizabeth, I am confused about the remaining KL funding need, but perhaps this could be discussed next week or whenever you're back and you just go enjoy your time!

Happy holidays to you both, Christie

From: Lysyshyn, Mark [VCH] < Mark.Lysyshyn@vch.ca>

Sent: December 23, 2022 11:07 AM

To: Holliday, Elizabeth [VCH] <Elizabeth.Holliday@vch.ca>; Wall, Christie MMHA:EX <Christie.Wall@gov.bc.ca>

Subject: RE: Time for a Chat?

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

I'm also free at that time but all the info you need may be in the note.

### Mark Lysyshyn MD MPH FRCPC

Deputy Chief Medical Health Officer Vancouver Coastal Health

mobile 604 506 3769 office 604 675 3878 e-mail mark.lysyshyn@vch.ca

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The content of this e-mail is confidential and may be privileged. If you receive this e-mail in error, please contact the sender and delete it immediately.

From: Holliday, Elizabeth [VCH] < Elizabeth. Holliday@vch.ca>

Sent: Friday, December 23, 2022 11:05 AM

To: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca > Cc: Lysyshyn, Mark [VCH] < Mark.Lysyshyn@vch.ca >

Subject: Re: Time for a Chat?

I'm free at 11:30 if needed.

Ε

Sent from my iPhone

On Dec 23, 2022, at 10:51 AM, Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca > wrote:

**EXTERNAL SENDER.** If you suspect this message is malicious, please forward to <a href="mailto:spam@phsa.ca">spam@phsa.ca</a> and **do not** open attachments or click on links.

Thanks Mark, much appreciated.

From: Lysyshyn, Mark [VCH] < Mark.Lysyshyn@vch.ca>

Sent: December 23, 2022 10:47 AM

To: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca>; Holliday, Elizabeth [VCH]

<<u>Elizabeth.Holliday@vch.ca</u>> **Subject:** RE: Time for a Chat?

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We are finalizing an Issues Note that contains these details. Here is the DRAFT version. Please do not share it as it is not yet approved.

# Mark Lysyshyn MD MPH FRCPC

Deputy Chief Medical Health Officer Vancouver Coastal Health

mobile 604 506 3769 office 604 675 3878

e-mail <u>mark.lysyshyn@vch.ca</u>

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The content of this e-mail is confidential and may be privileged. If you receive this e-mail in error, please contact the sender and delete it immediately.

From: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca>

Sent: Friday, December 23, 2022 10:32 AM

To: Holliday, Elizabeth [VCH] < Elizabeth. Holliday@vch.ca >; Lysyshyn, Mark [VCH]

<<u>Mark.Lysyshyn@vch.ca</u>> **Subject:** RE: Time for a Chat?

**EXTERNAL SENDER.** If you suspect this message is malicious, please forward to <a href="mailto:spam@phsa.ca">spam@phsa.ca</a> and **do not** open attachments or click on links.

### Fair! Sorry about that!

The OERC learned yesterday about the death at an OPS s.13; s.22 and we are trying to get ahead with some key messages and gain any further understanding we can (what site, etc.).

Also I have further questions about KL funding needs that I'm hoping Elizabeth you might be able to help me wrap my head around. I know you're off though so no pressure!

### Christie

From: Holliday, Elizabeth [VCH] < Elizabeth. Holliday@vch.ca>

**Sent:** December 23, 2022 10:29 AM

**To:** XT:Lysyshyn, Mark Dr. HLTH:IN < <u>Mark.Lysyshyn@vch.ca</u>> **Cc:** Wall, Christie MMHA:EX < <u>Christie.Wall@gov.bc.ca</u>>

Subject: Re: Time for a Chat?

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Agree with Mark. I can make myself available, but context would be ideal!

Thanks,

Elizabeth

On Dec 23, 2022, at 10:28 AM, Lysyshyn, Mark [VCH] < Mark.Lysyshyn@vch.ca > wrote:

I do but it would be nice to know what the chat is about.

### Mark Lysyshyn MD MPH FRCPC

Deputy Chief Medical Health Officer Vancouver Coastal Health

mobile 604 506 3769 office 604 675 3878

e-mail <u>mark.lysyshyn@vch.ca</u>

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From: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca>

Sent: Friday, December 23, 2022 10:26 AM

To: Holliday, Elizabeth [VCH] < Elizabeth. Holliday@vch.ca >; Lysyshyn, Mark [VCH]

<<u>Mark.Lysyshyn@vch.ca</u>> **Subject:** Time for a Chat?

**EXTERNAL SENDER.** If you suspect this message is malicious, please forward to <a href="mailto:spam@phsa.ca">spam@phsa.ca</a> and **do not** open attachments or click on links.

Hi Elizabeth and Mark,

Do either of you have time to connect for a brief chat today?

# Christie Wall (she/her)

Director, Overdose Community Response - Overdose Emergency Response Centre Strategic Priorities & Initiatives Division - Ministry of Mental Health and Addictions PO Box 9672 Stn Prov Govt, Victoria, BC - V8W 9P1

Office Location: 1515 Blanshard St., 1st Floor

Christie.Wall@gov.bc.ca

Phone: 250-419-8502 Cell: 250 883-7595

I acknowledge with gratitude and humility that I work and live on the unceded territories of the Lekwungen people, known today as the Esquimalt and Songhees Nations.

# RE: For review: KMs on death at OPS

From Wall, Christie MMHA:EX <Christie.Wall@gov.bc.ca>

To: Wong, Kendra GCPE:EX <Kendra.Wong@gov.bc.ca>

Cc: Benn, Jennifer MMHA:EX < Jennifer.Benn@gov.bc.ca>, Khalaileh, Aygul GCPE:EX

<Aygul.Khalaileh@gov.bc.ca>, Watters, Jordan MMHA:EX <Jordan.Watters@gov.bc.ca>, Davison, Carolyn J MMHA:EX

<Carolyn.Davison@gov.bc.ca>

Sent: December 23, 2022 11:28:42 AM PST

Thanks Kendra,

Aside from a minor typo in the background portion I think this looks good. I am cc'ing Carolyn here as she is acting for Darrion next week.

#### Christie

From: Wong, Kendra GCPE:EX < Kendra. Wong@gov.bc.ca>

Sent: December 23, 2022 9:36 AM

To: Wall, Christie MMHA:EX < Christie. Wall@gov.bc.ca>

Cc: Benn, Jennifer MMHA:EX <Jennifer.Benn@gov.bc.ca>; Khalaileh, Aygul GCPE:EX <Aygul.Khalaileh@gov.bc.ca>

Subject: For review: KMs on death at OPS

Hi Christie,

I hope you're well! Please find attached some draft KMs on the death at the OPS s.13; s.22 for review.

Is it possible to please review by EOD or earlier?

Thanks so much and I look forward to hearing from you!

Cheers,

Kendra

Kendra Wong Senior Public Affairs Officer Ministry of Mental Health and Addictions C: 250-882-9054

Kendra.wong@gov.bc.ca

# FW: For review: KMs on death at OPS

From: Wall, Christie MMHA:EX < Christie. Wall@gov.bc.ca>

To: Davison, Carolyn J MMHA:EX <Carolyn.Davison@gov.bc.ca>

Sent: December 23, 2022 11:29:04 AM PST Attachments: KM\_Death\_at\_OPS\_DRAFT.docx

FYI.

From: Wong, Kendra GCPE:EX <Kendra.Wong@gov.bc.ca>

Sent: December 23, 2022 9:36 AM

To: Wall, Christie MMHA:EX < Christie. Wall@gov.bc.ca>

Cc: Benn, Jennifer MMHA:EX <Jennifer.Benn@gov.bc.ca>; Khalaileh, Aygul GCPE:EX <Aygul.Khalaileh@gov.bc.ca>

**Subject:** For review: KMs on death at OPS

Hi Christie,

I hope you're well! Please find attached some draft KMs on the death at the OPS s.13; s.22 for review.

Is it possible to please review by EOD or earlier?

Thanks so much and I look forward to hearing from you!

Cheers, Kendra

Kendra Wong Senior Public Affairs Officer Ministry of Mental Health and Addictions C: 250-882-9054

Kendra.wong@gov.bc.ca

Page 08 of 73

Withheld pursuant to/removed as

s.13; s.22

# FW: Time for a Chat?

From: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca>

To: Davison, Carolyn J MMHA:EX <Carolyn.Davison@gov.bc.ca>

Sent: December 23, 2022 11:29:37 AM PST

Attachments: Draft 2\_IN\_Participant dies due to toxic drug overdose s.13; s.22

overdose prevention site\_Dec 23 2022.docx

Please note this is not for sharing at this time. I am sending to you as an FYI as you are Acting next week.

From: Lysyshyn, Mark [VCH] <Mark.Lysyshyn@vch.ca>

**Sent:** December 23, 2022 10:47 AM

To: Wall, Christie MMHA:EX <Christie.Wall@gov.bc.ca>; Holliday, Elizabeth [VCH] <Elizabeth.Holliday@vch.ca>

Subject: RE: Time for a Chat?

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### Mark Lysyshyn MD MPH FRCPC

Deputy Chief Medical Health Officer Vancouver Coastal Health

mobile 604 506 3769 office 604 675 3878 e-mail mark.lysyshyn@vch.ca

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From: Wall, Christie MMHA:EX < Christie. Wall@gov.bc.ca>

Sent: Friday, December 23, 2022 10:32 AM

To: Holliday, Elizabeth [VCH] < Elizabeth. Holliday@vch.ca>; Lysyshyn, Mark [VCH] < Mark. Lysyshyn@vch.ca>

**Subject:** RE: Time for a Chat?

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Fair! Sorry about that!

The OERC learned yesterday about the death at an OPS s.13; s.22 and we are trying to get ahead with some key messages and gain any further understanding we can (what site, etc.).

Also I have further questions about KL funding needs that I'm hoping Elizabeth you might be able to help me wrap my head around. I know you're off though so no pressure!

Christie

From: Holliday, Elizabeth [VCH] < Elizabeth. Holliday@vch.ca>

Sent: December 23, 2022 10:29 AM

**To:** XT:Lysyshyn, Mark Dr. HLTH:IN < <u>Mark.Lysyshyn@vch.ca</u>> **Cc:** Wall, Christie MMHA:EX < <u>Christie.Wall@gov.bc.ca</u>>

Subject: Re: Time for a Chat?

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Agree with Mark. I can make myself available, but context would be ideal!

Thanks,

Elizabeth

Sent from my iPhone

On Dec 23, 2022, at 10:28 AM, Lysyshyn, Mark [VCH] < Mark.Lysyshyn@vch.ca> wrote:

I do but it would be nice to know what the chat is about.

### Mark Lysyshyn MD MPH FRCPC

Deputy Chief Medical Health Officer Vancouver Coastal Health

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e-mail <u>mark.lysyshyn@vch.ca</u>

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From: Wall, Christie MMHA:EX < Christie. Wall@gov.bc.ca>

Sent: Friday, December 23, 2022 10:26 AM

To: Holliday, Elizabeth [VCH] < Elizabeth. Holliday@vch.ca >; Lysyshyn, Mark [VCH]

<<u>Mark.Lysyshyn@vch.ca</u>> **Subject:** Time for a Chat?

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Hi Elizabeth and Mark,

Do either of you have time to connect for a brief chat today?

# Christie Wall (she/her)

Director, Overdose Community Response - Overdose Emergency Response Centre Strategic Priorities & Initiatives Division - Ministry of Mental Health and Addictions PO Box 9672 Stn Prov Govt, Victoria, BC - V8W 9P1

Office Location: 1515 Blanshard St., 1st Floor

Christie.Wall@gov.bc.ca

Phone: 250-419-8502 Cell: 250 883-7595

I acknowledge with gratitude and humility that I work and live on the unceded territories of the Lekwungen people, known today as the Esquimalt and Songhees Nations.

Page 11 of 73 to/à Page 12 of 73

Withheld pursuant to/removed as

s.13; s.22

# FYI .s.22 IN - death at an OPS

From: Khalaileh, Aygul GCPE:EX <Aygul.Khalaileh@gov.bc.ca>

To: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca>, Davison, Carolyn J

MMHA:EX <Carolyn.Davison@gov.bc.ca>

Sent: December 23, 2022 2:04:25 PM PST

Attachments: Final IN\_Person dies due to toxic drug overdose s.13; s.22 overdose

prevention site\_Dec 23 2022.pdf, image001.png

Hi Christie and Carolyn,

We received an IN s.13; s.22 on the death that happened at an OPS in October.

I have also shared this IN with program and Christine.

Thanks,

### Aygul Khalaileh

Communications Manager

Ministry of Mental Health and Addictions

Government Communications and Public Engagement

Phone: 236-478-3254 | Mobile: 778-679-7398 | Email: Aygul.Khalaileh@gov.bc.ca



# **RE: Death at OPS**

From Wall, Christie MMHA:EX s.15

: s.15

To: Lysyshyn, Mark [VCH] <Mark.Lysyshyn@vch.ca>, Holliday, Elizabeth [VCH]

<Elizabeth.Holliday@vch.ca>

Cc: Compton, Miranda [VCH] < Miranda.Compton@vch.ca>

Sent: January 3, 2023 3:01:43 PM PST

Thanks Mark, much appreciated.

From: Lysyshyn, Mark [VCH] <Mark.Lysyshyn@vch.ca>

Sent: January 3, 2023 2:06 PM

To: Wall, Christie MMHA:EX <Christie.Wall@gov.bc.ca>; Holliday, Elizabeth [VCH] <Elizabeth.Holliday@vch.ca>

Cc: Compton, Miranda [VCH] < Miranda. Compton@vch.ca>

Subject: RE: Death at OPS

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

We can discuss it at tomorrow's RRT meeting however Elizabeth is away this week so we may need to continue the discussion at the following meeting when she is back.

# Mark Lysyshyn MD MPH FRCPC

Deputy Chief Medical Health Officer Vancouver Coastal Health

mobile 604 506 3769 office 604 675 3878

e-mail mark.lysyshyn@vch.ca

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From: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca >

Sent: Tuesday, January 03, 2023 1:57 PM

To: Lysyshyn, Mark [VCH] < Mark.Lysyshyn@vch.ca>; Holliday, Elizabeth [VCH] < Elizabeth.Holliday@vch.ca>

Subject: Death at OPS

EXTERNAL SENDER. If you suspect this message is malicious, please forward to <a href="mailto:spam@phsa.ca">spam@phsa.ca</a> and do not open attachments or click on links.

Hi Mark and Elizabeth,

I hope you both had a restful holiday season.

Thank you for sharing the IN on the death at OPS. I am wondering if you might have time in the coming days to discuss any further information available around this death, and next steps being taken?

I am available this afternoon after 3, or tomorrow between 10 and 12. Alternatively, if you are comfortable discussing in a larger group setting, we could table this for discussion at RRT tomorrow.

# Christie Wall (she/her)

Director, Overdose Community Response - Overdose Emergency Response Centre Strategic Priorities & Initiatives Division - Ministry of Mental Health and Addictions PO Box 9672 Stn Prov Govt, Victoria, BC - V8W 9P1

Office Location: 1515 Blanshard St., 1st Floor

Christie.Wall@gov.bc.ca

Phone: 250-419-8502 Cell: 250 883-7595

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# RE: FYI -s.22 IN - death at an OPS

From: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca>

To: Campbell, Darrion MMHA:EX < Darrion.Campbell@gov.bc.ca>

Cc: Davison, Carolyn J MMHA:EX <Carolyn.Davison@gov.bc.ca>, Watters,

Jordan MMHA:EX <Jordan.Watters@gov.bc.ca>, Murray, Jill MMHA:EX

<Jill.Murray@gov.bc.ca>

Sent: January 4, 2023 2:20:26 PM PST Attachments: image003.png, image002.jpg

Hi Darrion,

We spoke about this at s.13; s.22 RRT meeting today and I also met with Leah from GCPE.

s.13:

- The IN shared by \$.22 is not to be shared further as it does include confidential information about a person's health, which has not yet been finalized by the BCCS. This information will be in the Coroner's report which has not yet been finalized.
- \$.13; is working with OPS to provide debriefing support and to identify any additional opportunities for supporting the site. The person was in the smoking area where people tend to spend more time, and move in and out of the space. It is a less formalized 'booth like' space. There may have been some delay in response.
- OPS is highly utilized and one of the longest running OPS sites in BC.
- Mark Lysyshyn will bring learnings to Harm Reduction MHO's table and analysis is complete and next steps determined, s.13; can share with other HA's more broadly.
- GCPE is going to loop in with BCCS s.13; s.22 to determine who will lead/when any announcement about this death should happen and in the meantime is removing the line 's.13 s.13 from messaging.

Hope this helps, Christie

From: Campbell, Darrion MMHA:EX < Darrion.Campbell@gov.bc.ca>

**Sent:** January 3, 2023 1:27 PM

To: Wall, Christie MMHA:EX < Christie. Wall@gov.bc.ca>

Cc: Davison, Carolyn J MMHA:EX <Carolyn.Davison@gov.bc.ca>

Subject: FW: FYI -s.13; IN - death at an OPS

s.22

Hi Christie,

As discussed, (and I discussed with Darryl this morning) are you able to:

- reach out s.13; s.22 to see if they are able to provide any additional information including whether all protocols were followed, was this client observed, and or was this an instance of almost instant death, and if so why? Ie toxicity levels or poly use, etc. Can you also find out if they are making any changes going forward at this location (and if so what they are?).
- Reach out to GCPE to see if they can connect s.13; s.22 re: messaging about this incident as well as the longer term work of changing our messaging going forward, re: no deaths at an OPS.

Many thanks and please let me know if you have any questions,

Darrion

From: Davison, Carolyn J MMHA:EX < Carolyn.Davison@gov.bc.ca >

**Sent:** December 30, 2022 11:33 AM

To: Sturtevant, Darryl MMHA:EX < Darryl.Sturtevant@gov.bc.ca >

Cc: Campbell, Darrion MMHA:EX < Darrion.Campbell@gov.bc.ca>

Subject: FW: FYI  $\frac{s.13}{s.22}$  IN - death at an OPS

FYI – want to make sure you've seen this.

**Carolyn Davison**| Director| Overdose Evaluation & Monitoring | Overdose Emergency Response Centre | Substance Use Policy Division | Ministry of Mental Health and Addictions | PO Box 9672 Stn Prov Govt, Victoria, BC, V8W 9P1 | ph: 250-952-3674 c: 250-893-2330 | carolyn.davison@gov.bc.ca

Office Location:

1515 Blanshard St., 1st Floor

I respectfully acknowledge the land on which I work is the unceded, traditional, and ancestral homeland of the Ləkwəŋən Peoples, known today as the Songhees and Esquimalt First Nations.



From: Khalaileh, Aygul GCPE:EX < Aygul. Khalaileh@gov.bc.ca >

Sent: December 23, 2022 2:04 PM

To: Wall, Christie MMHA:EX <Christie.Wall@gov.bc.ca>; Davison, Carolyn J MMHA:EX <Carolyn.Davison@gov.bc.ca>

**Subject:** FYI  $\frac{s.13}{s.22}$ ; IN - death at an OPS

Hi Christie and Carolyn,

We received an IN s.13; s.22 on the death that happened at an OPS in October.

I have also shared this IN with program and Christine.

Thanks,

### Aygul Khalaileh

Communications Manager
Ministry of Mental Health and Addictions

Government Communications and Public Engagement

Phone: 236-478-3254 | Mobile: 778-679-7398 | Email: Aygul.Khalaileh@gov.bc.ca



# FW: Coroner investigation -s.22 OPS

From: Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>
To: Wall, Christie MMHA:EX <Christie.Wall@gov.bc.ca>

Sent: January 4, 2023 3:19:42 PM PST

Attachments: image001.png

FYI

From: Panton, Ryan PSSG:EX <Ryan.Panton@gov.bc.ca>

Sent: January 4, 2023 3:18 PM

To: Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>

Cc: Khalaileh, Aygul GCPE:EX <Aygul.Khalaileh@gov.bc.ca>; Lapointe, Lisa PSSG:EX <Lisa.Lapointe@gov.bc.ca>

Subject: RE: Coroner investigation s.13; OPS

s.22

Hi Leah,

Thanks for reaching out. The preliminary information that was contained in the note <sup>s.13; s.22</sup> never should have been shared in the manner that it was. Our investigation into this death is very much still open and subject to a legislated prohibition on information sharing. It is critically important that the information in the note not be shared beyond the people who have already received it, and that it not be discussed publicly or otherwise.

Once our investigation is completed, we can provide a redacted copy of the coroner's report to the parties who received the issues note, however as a matter of course we would not proactively share this information publicly.

Thanks again, Ryan

### **Ryan Panton**

Manager, Strategic Communications and Media Relations

BC Coroners Service Office: 236 478-1582

Territory of the Songhees and Esquimalt First Nations

http://www.gov.bc.ca/coroners



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From: Holoiday, Leah GCPE:EX < Leah. Holoiday@gov.bc.ca >

Sent: Wednesday, January 4, 2023 2:55 PM

**To:** Panton, Ryan PSSG:EX <<u>Ryan.Panton@gov.bc.ca</u>> **Cc:** Khalaileh, Aygul GCPE:EX <<u>Aygul.Khalaileh@gov.bc.ca</u>>

**Subject:** Coroner investigation -s.13; OPS

Hi Ryan,

s.13;

Checking in on the status of the investigation for the death that occurred at the s.22 OPS in October.

Do you know if the investigation is closed and if the BCCS has plans to share the information publicly?

Leah

# Leah Holoiday

Ministry of Mental Health and Addictions 250 880 2378

s.13:

#### FW: FYI -s.22 IN - death at an OPS

From: Campbell, Darrion MMHA:EX < Darrion. Campbell@gov.bc.ca> Sturtevant, Darryl MMHA:EX < Darryl. Sturtevant@gov.bc.ca> To:

Cc: Wall, Christie MMHA:EX < Christie. Wall@gov.bc.ca>

Sent: January 4, 2023 6:22:37 PM PST

image002.jpg, Final IN\_Person dies due to toxic drug overdose s.13; s.22 Attachments:

overdose prevention site\_Dec 23 2022.pdf, image003.png

Hi Darryl,

Wanted to share this update from Christie re the death at the OPS s.13; s.22 The process for learning about this incident is ongoing s.13; s.22 and they will share learnings as this proceeds.

Please let us know if you have any questions,

Darrion

From: Wall, Christie MMHA:EX < Christie. Wall@gov.bc.ca>

**Sent:** January 4, 2023 2:20 PM

To: Campbell, Darrion MMHA:EX < Darrion.Campbell@gov.bc.ca>

Cc: Davison, Carolyn J MMHA:EX <Carolyn.Davison@gov.bc.ca>; Watters, Jordan MMHA:EX

<Jordan.Watters@gov.bc.ca>; Murray, Jill MMHA:EX <Jill.Murray@gov.bc.ca>

Subject: RE: FYI -s.13; IN - death at an OPS

Hi Darrion,

We spoke about this at \$ .13; RRT meeting today and I also met with Leah from GCPE.

- The IN shared by \$\frac{s.13}{s.22}\$ is not to be shared further as it does include confidential information about a person's health, which has not yet been finalized by the BCCS. This information will be in the Coroner's report which has not yet been finalized.
- $ullet_{s,22}^{s,13}$  is working with OPS to provide debriefing support and to identify any additional opportunities for supporting the site. The person was in the smoking area where people tend to spend more time, and move in and out of the space. It is a less formalized 'booth like' space. There may have been some delay in response.
- OPS is highly utilized and one of the longest running OPS sites in BC.
- Mark Lysyshyn will bring learnings to Harm Reduction MHO's table and analysis is complete and next steps determined,  $\frac{s.13}{s.22}$  can share with other HA's more broadly.
- GCPE is going to loop in with BCCS s.13; s.22 to determine who will lead/when any announcement about this death should happen and in the meantime is removing the line s.13 s.13

from messaging.

Hope this helps, Christie

From: Campbell, Darrion MMHA:EX < Darrion.Campbell@gov.bc.ca>

Sent: January 3, 2023 1:27 PM

To: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca>

Cc: Davison, Carolyn J MMHA:EX < Carolyn.Davison@gov.bc.ca>

Subject: FW: FYI .s.13; IN - death at an OPS

s.22

Hi Christie,

As discussed, (and I discussed with Darryl this morning) are you able to:

- reach out so see if they are able to provide any additional information including whether all protocols were followed, was this client observed, and or was this an instance of almost instant death, and if so why? le toxicity levels or poly use, etc. Can you also find out if they are making any changes going forward at this location (and if so what they are?).
- Reach out to GCPE to see if they can connect \$.13; \$.22 re: messaging about this incident as well as the longer term work of changing our messaging going forward, re: no deaths at an OPS.

Many thanks and please let me know if you have any questions,

Darrion

From: Davison, Carolyn J MMHA:EX < Carolyn.Davison@gov.bc.ca >

Sent: December 30, 2022 11:33 AM

**To:** Sturtevant, Darryl MMHA:EX < <u>Darryl.Sturtevant@gov.bc.ca</u>> **Cc:** Campbell, Darrion MMHA:EX < <u>Darrion.Campbell@gov.bc.ca</u>>

**Subject:** FW: FYI -s.13; IN - death at an OPS s.22

FYI – want to make sure you've seen this.

**Carolyn Davison**| Director| Overdose Evaluation & Monitoring | Overdose Emergency Response Centre | Substance Use Policy Division | Ministry of Mental Health and Addictions | PO Box 9672 Stn Prov Govt, Victoria, BC, V8W 9P1 | ph: 250-952-3674 c: 250-893-2330 | carolyn.davison@gov.bc.ca

Office Location:

1515 Blanshard St., 1st Floor

I respectfully acknowledge the land on which I work is the unceded, traditional, and ancestral homeland of the Ləkwəŋən Peoples, known today as the Songhees and Esquimalt First Nations.



From: Khalaileh, Aygul GCPE:EX < Aygul.Khalaileh@gov.bc.ca >

**Sent:** December 23, 2022 2:04 PM

To: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca >; Davison, Carolyn J MMHA:EX < Carolyn.Davison@gov.bc.ca >

**Subject:** FYI  $\frac{s.13}{s.22}$  IN - death at an OPS

Hi Christie and Carolyn,

We received an IN s.13; s.22 on the death that happened at an OPS in October.

I have also shared this IN with program and Christine.

Thanks,

# Aygul Khalaileh

Communications Manager

Ministry of Mental Health and Addictions

Government Communications and Public Engagement

Phone: 236-478-3254 | Mobile: 778-679-7398 | Email: Aygul.Khalaileh@gov.bc.ca



Page 22 of 73 to/à Page 23 of 73

Withheld pursuant to/removed as

s.13; s.22

# FW: EMBARGOED: BC Coroners Service Illicit Drug Toxicity Death Reporting - Embargoed until January 31, 2023 at 8:00 PST

From: Davison, Carolyn J MMHA:EX <Carolyn.Davison@gov.bc.ca>
To: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>

Sent: January 26, 2023 4:16:09 PM PST

Attachments: BCCS Illicit DRUG TYPE data to Dec 2022 - Embargoed Copy.pdf,

image001.png, image002.jpg, BCCS Illicit Drug Toxicity Report to Dec 2022 -

Embargoed Copy.pdf

**Carolyn Davison**| Director| Overdose Evaluation & Monitoring | Overdose Emergency Response Centre | Substance Use Policy Division | Ministry of Mental Health and Addictions | PO Box 9672 Stn Prov Govt, Victoria, BC, V8W 9P1 | ph: 250-952-3674 c: 250-893-2330 | carolyn.davison@gov.bc.ca

Office Location:

1515 Blanshard St., 1st Floor

I respectfully acknowledge the land on which I work is the unceded, traditional, and ancestral homeland of the Ləkwəŋən Peoples, known today as the Songhees and Esquimalt First Nations.



From: Khalaileh, Aygul GCPE:EX <Aygul.Khalaileh@gov.bc.ca>

Sent: January 26, 2023 4:02 PM

To: Davison, Carolyn J MMHA:EX <Carolyn.Davison@gov.bc.ca>

Subject: FW: EMBARGOED: BC Coroners Service Illicit Drug Toxicity Death Reporting - Embargoed until January 31,

2023 at 8:00 PST

FYI

From: Panton, Ryan PSSG:EX <Ryan.Panton@gov.bc.ca>

Sent: January 26, 2023 2:21 PM

To: Khalaileh, Aygul GCPE:EX < Aygul.Khalaileh@gov.bc.ca >

Subject: FW: EMBARGOED: BC Coroners Service Illicit Drug Toxicity Death Reporting - Embargoed until January 31,

2023 at 8:00 PST

Hi Aygul,

I hope you're well. Please see the attached. I'd originally sent this to Leah but see she's now away and not checking email, so I'm passing on to you.

Thanks,

Ryan

From: Panton, Ryan PSSG:EX

Sent: Thursday, January 26, 2023 12:26 PM Cc: Sidhu, Tej PSSG:EX < Tej.Sidhu@gov.bc.ca >

Subject: EMBARGOED: BC Coroners Service Illicit Drug Toxicity Death Reporting - Embargoed until January 31, 2023

at 8:00 PST

Good afternoon,

Attached is a copy of the BC Coroners Service's latest reporting into suspected illicit drug toxicity deaths in British Columbia.

This email includes two reports:

- Illicit Drug Toxicity Deaths in B.C. (to January 31, 2023)
- Illicit Drug Toxicity Type of Drug Data (to January 31, 2023)

Note: The Illicit Drug Toxicity Type of Drug Data Report will now be updated on a quarterly basis.

This report will be posted publicly on the <u>Statistical Reports</u> page of the BC Coroners Service website at **8:00 a.m. Pacific on Tuesday, January 31**.

Please consider the information contained in this report under embargo until that time.

### **Report Summary:**

- In 2022, there were 2,272 suspected illicit drug toxicity deaths. This is the second largest number of suspected deaths ever recorded in a calendar year, behind 2021 (2,306).
- In November and December 2022, there were 182 and 210 suspected illicit drug toxicity deaths, respectively.
- The number of illicit drug toxicity deaths in November and December 2022 equates to about 6.4 deaths per day.
- In 2022, 70% of those dying were aged 30 to 59, and 79% were male.

Thanks, Ryan

### **Ryan Panton**

Manager, Strategic Communications and Media Relations BC Coroners Service Office: 236 478-1582 Mobile: 250 883-6157 PO Box 9259, Stn Prov Govt Victoria, BC V8W 9J4 Territory of the Songhees and Esquimalt First Nations

http://www.gov.bc.ca/coroners



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# Embargoed until January 31, 2023 at 8:00 a.m.

**Inclusion Criteria:** This report is a companion report to the Illicit Drug Toxicity report (http://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports) to summarize the drugs detected among suspected illicit drug toxicity deaths. [1] In the majority of deaths, fentanyl or its analogues, [2] whether alone or in combination with other drugs, was detected. Deaths were excluded if there were no illicit substances identified or the death was suspected to be due to intentional self-harm. The detection of a drug does not necessarily indicate that it contributed to death. The final cause of death and the role of the drug will be determined by the coroner based on the full investigation.

Data has been added to this report to report on all drugs detected, along with fentanyl – see page 4 of this report.

This data has been compiled to better understand the types of drugs being detected in recent illicit drug toxicity death in British Columbia and to inform other agencies' public safety strategies in a timely manner. Note that fentanyl-detected data is subject to change as further test results become available

# **Fentanyl Results:**

- Preliminary data in 2022 has found that fentanyl or its analogues have been detected in 82% of all illicit drug toxicity deaths. In 2021, fentanyl or its analogues have been detected in 86% of deaths.
- Post-mortem toxicology results suggest that there has been a greater number of cases with extreme fentanyl concentrations in Apr 2020-Nov 2022 compared with previous months (concentrations exceeding >50ug/L (micrograms/litre).
  - o From Apr 2020-Nov 2022, approximately 14% of cases had extreme fentanyl concentrations as compared to 8% from Jan 2019 to Mar 2020.
- Between Apr 2020-Nov 2022, 18% of fentanyl-detected illicit drug toxicity deaths in Vancouver Coastal Health had extreme fentanyl concentrations (>50ug/L).
- Carfentanil has been detected in 126 suspected illicit drug toxicity deaths in 2022 and 192 in 2021.

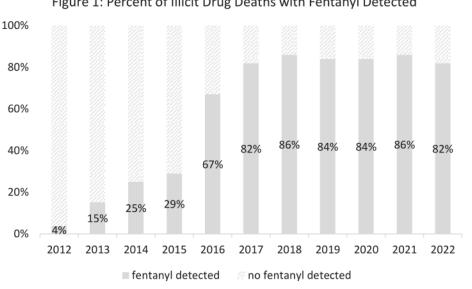
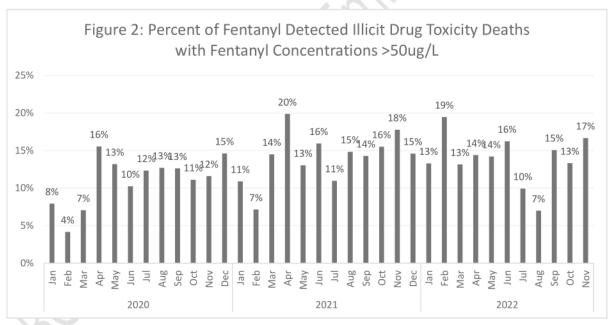
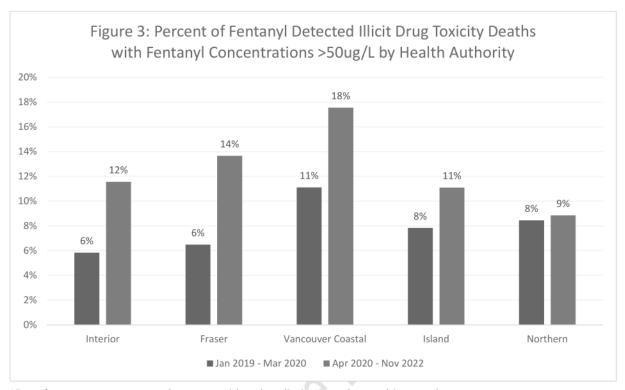


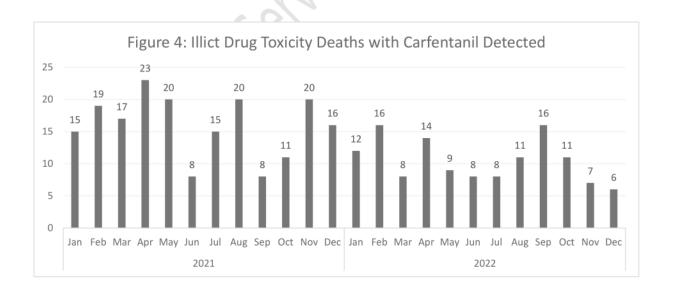
Figure 1: Percent of Illicit Drug Deaths with Fentanyl Detected



<sup>\*</sup>Data from most recent months are considered preliminary and are subject to change as more tests are completed. December numbers are not available at time of reporting. Based only on cases where fentanyl concentrations were available.



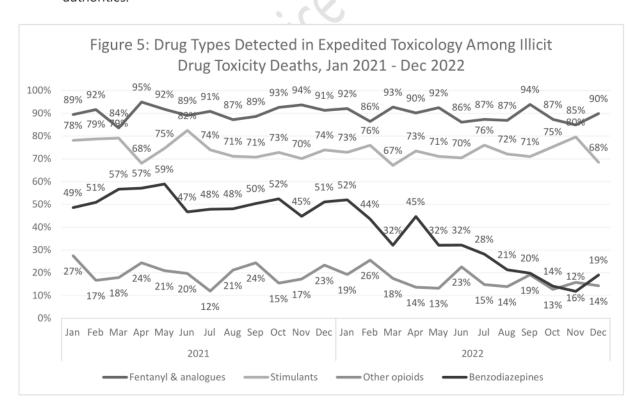
\*Data from most recent months are considered preliminary and are subject to change as more tests are completed. Based only on cases where fentanyl concentrations were available.



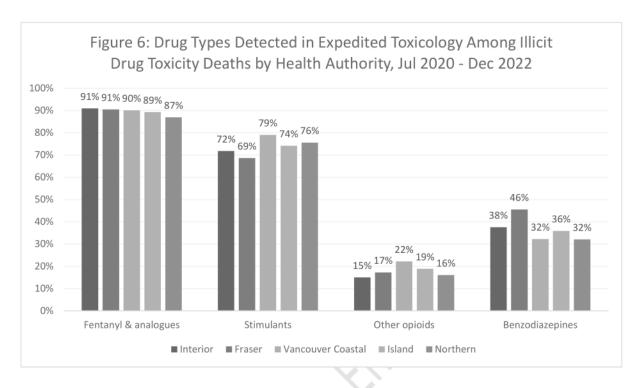
# Other Drug Types - Expedited Toxicology Results:

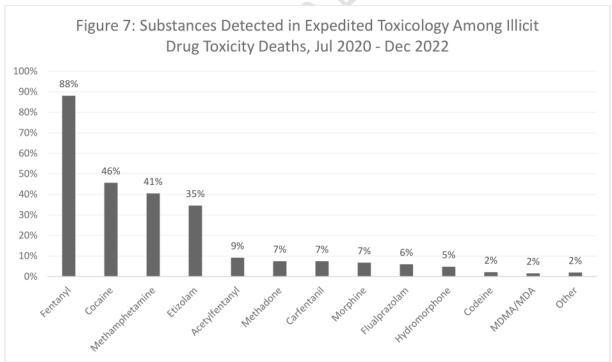
As of July 1, 2020, the B.C. Coroners Service implemented a new expedited testing protocol that tests 21 drugs in a semi-quantitative manner and results are generated within a few days of samples being received. [4] Samples from suspected drug toxicity deaths are sent for expedited testing and reported presumptively prior to completing confirmatory testing.

- Results from the new expedited testing protocol have found that about 90% of submitted samples have detected fentanyl and/or its analogues, 73% have detected at least one stimulant, 18% have detected at least one other opioid, and 38% have detected at least one benzodiazepine. Note that samples sent for expedited testing are a subset of all illicit drug toxicity deaths (reported on page 1) where the initial investigation indicates a drug toxicity related death.
- The detection rate of benzodiazepines has rapidly increased from 15% of samples in July 2020 to 52% of samples in Jan 2022. It has since gone down to 19% in December 2022.
- From Jul 2020–Dec 2022, etizolam has been found in 35% of illicit drug toxicity deaths that have undergone expedited testing.
- Among health authorities, Vancouver Coastal has the highest percentage of other opioids detected (22%), and Fraser has the highest percentage of benzodiazepines detected (46%).
   The percentage of fentanyl & analogues and stimulants detected was similar across all health authorities.



Posting Date January 31, 2023





Notes: presence of acetylfentanyl is mostly likely due to an impurity of illicit fentanyl; concentrations of this drug are low and are unlikely to contribute to toxicity. The presence of morphine indicates prior administration of morphine itself or can arise as a metabolite of codeine or heroin. The number of cases where the decedent actually used morphine is likely much lower.

### Notes:

- 1. The BCCS operates in a live database environment. Some data for more recent years are based on preliminary circumstances and are subject to change as investigations are concluded. Data are not directly comparable to published counts from previous years.
- Toxicology testing includes acetylfentanyl as of November 2015. Standard testing for carfentanil, 3-methylfentanyl, furanylfentanyl, and W-18 began in June 1, 2017. Fentanyldetected data is derived from testing conducted by the BC Coroners Service.
- 3. More information about the health regions can be found at <a href="http://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries">http://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries</a>
- 4. Tests expanded to include screening for the following substances:

Fentanyl & analogues acetylfentanyl carfentanil norfentanyl

Stimulants

Cocaine (inc. cocaethylene, benzoylecgonine)

Methamphetamine/amphetamine

MDMA/MDA

Other Opioids

6-Monoacetylmorphine

Codeine

Hydromorphone

Methadone (inc. EDDP)

Morphine

Oxycodone

Benzodiazepines & analogues

Alprazolam

Etizolam

Flualprazolam

# Illicit Drug Toxicity Deaths in BC January 1, 2012 – December 31, 2022

# Embargoed until January 31, 2023 at 8:00 a.m.

This report summarizes all unintentional illicit drug toxicity deaths in British Columbia (accidental and undetermined) that occurred between January 1, 2012, and December 31, 2022, inclusive. It includes confirmed and suspected illicit toxicity deaths (inclusion criteria below). *Please note that data is subject to change as investigations are concluded.* https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports

**Inclusion Criteria:** The illicit drug toxicity category includes the following:

- Street drugs (Controlled and illegal drugs: heroin, cocaine, MDMA, methamphetamine, illicit fentanyl etc.).
- Medications not prescribed to the decedent but obtained/purchased on the street, from unknown means or where origin of drug not known.
- Combinations of the above with prescribed medications.

# 2022 Summary

- In 2022, there were 2,272 suspected illicit drug toxicity deaths. This is the second largest number of suspected deaths ever recorded in a calendar year, behind 2021 (2,306).
- In November and December 2022, there were 182 and 210 suspected illicit drug toxicity deaths, respectively.
- The number of illicit drug toxicity deaths in November and December 2022 equates to about 6.4 deaths per day.
- In 2022, 70% of those dying were aged 30 to 59, and 79% were male.
- The townships experiencing the highest number of illicit drug toxicity deaths in 2022 are Vancouver, Surrey, and Greater Victoria (see page 11).
- By Health Authority (HA), in 2022, the highest number of illicit drug toxicity deaths were in Fraser and Vancouver Coastal Health Authorities (680 and 637 deaths, respectively), making up 58% of all such deaths during 2022 (see page 12).
- By Health Authority (HA), in 2022, the highest rates were in Northern Health (60 deaths per 100,000 individuals) and Vancouver Coastal Health (51 per 100,000). Overall, the rate in BC is 43 deaths per 100,000 individuals in 2022 (see page 12).

- By Health Service Delivery Area (HSDA), in 2022, the highest **rates** were in Vancouver, Northwest, Northern Interior, Thompson Cariboo, and Fraser East (see page 17).
- By Local Health Area (LHA), in **2022**, the highest **rates** were in Vancouver Centre North, Terrace, Merritt, Hope, and Prince George. (see page 18).
- In 2022, 84% of illicit drug toxicity deaths occurred inside (55% in private residences and 29% in other inside residences including social and supportive housing, SROs, shelters, and hotels and other indoor locations) and 15% occurred outside in vehicles, sidewalks, streets, parks, etc. (see page 5).
- In Vancouver Coastal, other residences (44%) were the most common place of illicit drug toxicity deaths followed by private residences (37%) between 2019 and 2022 (see Table 3, Page 5).
- One death in 2022 occurred at an overdose prevention site (OPS).
- There is no indication that prescribed safe supply is contributing to illicit drug deaths.

#### **Trends**

- Illicit drug toxicity death rates among all age groups 19+ years have increased in December 2022 compared to November 2022 (see Figure 6, Page 10).
- Rates of male illicit drug toxicity deaths increased in December 2022 compared to November 2022 (see Figure 4, Page 8).
- The proportion of deaths that are 50+ years of age has steadily increased from 2015. In 2022, 38% of decedents were at least 50 years old (see Figure 5, Page 9).
- Illicit drug rates in Fraser, Vancouver Coastal, and Northern health authorities have increased this month compared to last month (see Figure 7, Page 13).
- The detection rate of benzodiazepines has rapidly increased from 15% of expedited toxicological samples in July 2020 to 52% of samples in Jan 2022. It has since gone down to 19% in December 2022.
- Between July 2020 and August 2022, etizolam was found in 35% of illicit drug toxicity deaths that have undergone expedited toxicological testing. Etizolam is a benzodiazepine analogue and non-opioid sedative that does not respond to naloxone and creates lifesaving challenges for first responders.

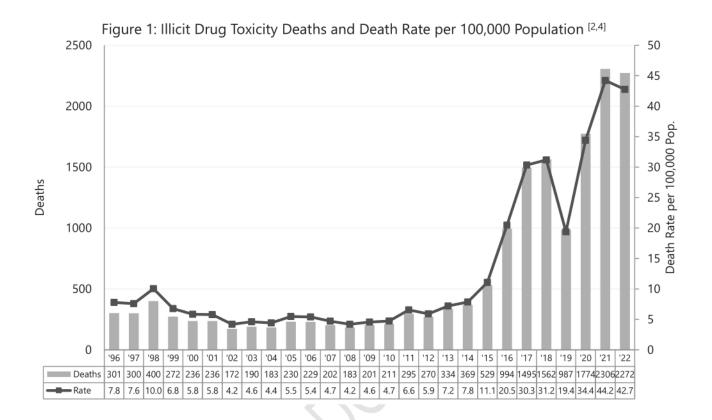


Table 1: Illicit	t Drug T	oxicity	<b>Deaths</b>	by Mon	th, Brit	ish Colu	mbia, 20	012-202	22 <sup>[2]</sup>		
Month	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Jan	20	20	23	43	85	148	134	94	80	190	213
Feb	17	21	38	31	58	124	108	84	79	174	201
Mar	25	33	28	32	76	130	159	119	119	175	182
Apr	31	31	29	34	73	155	136	83	129	186	174
May	19	28	40	41	51	149	118	91	178	174	204
Jun	25	25	29	34	71	129	116	75	190	179	152
Jul	29	39	25	40	74	122	151	72	185	200	201
Aug	20	21	37	53	65	127	125	84	163	199	184
Sep	16	28	32	50	63	97	138	63	144	164	182
Oct	19	19	35	53	77	98	119	79	176	216	187
Nov	28	31	28	52	140	112	131	81	168	217	182
Dec	21	38	25	66	161	104	127	62	163	232	210
Total	270	334	369	529	994	1,495	1,562	987	1,774	2,306	2,272
Average	22.5	27.8	30.8	44.1	82.8	124.6	130.2	82.3	147.8	192.2	189.3

# Comparison to Other Common Causes of Unnatural Deaths from 2011 to 2021:

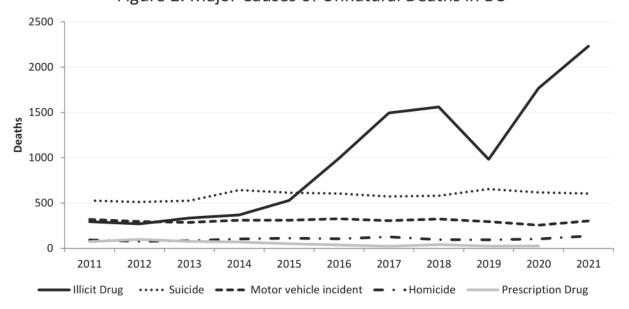


Figure 2: Major Causes of Unnatural Deaths in BC

<sup>\*</sup>Data is preliminary and subject to change. Prescription drug toxicity deaths (accidental and undetermined) include cases where only a prescription drug is involved and reported for closed investigations only to 2020.

# **BC Data by Place of Injury**

Table 2: Illicit Drug Toxicity Deaths by Place of Injury, BC, 2019-2022 <sup>[2]</sup>										
	2019	2020	2021	2022						
Inside:										
Private Residence	567 (57.5%)	1,008 (56.8%)	1,282 (55.6%)	1,251 (55.1%)						
Other Residence	263 (26.7%)	461 (26.0%)	572 (24.8%)	536 (23.6%)						
Correctional facility/police cell	4 (0.4%)	5 (0.3%)	8 (0.4%)	10 (0.4%)						
Medical facility	5 (0.5%)	4 (0.2%)	9 (0.4%)	10 (0.4%)						
Occupational site	6 (0.6%)	6 (0.3%)	8 (0.4%)	9 (0.4%)						
Public building										
Public washroom	11 (1.1%)	6 (0.3%)	13 (0.6%)	28 (1.2%)						
Other area of building	8 (0.8%)	13 (0.7%)	30 (1.3%)	57 (2.5%)						
Outside	118 (12.0%)	253 (14.3%)	345 (15.0%)	331 (14.6%)						
Unknown	5 (0.5%)	18 (1.0%)	38 (1.6%)	40 (1.8%)						
Total	987	1,774	2,306	2,272						

Table 3: Illicit Drug Toxicity Deaths by Place of Injury and Health Authority, BC, 2019-2022[2]											
	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern						
Inside:											
Private Residence	739 (61.8%)	1,620 (67.8%)	747 (36.5%)	680 (58.3%)	322 (59.6%)						
Other Residence	248 (20.8%)	303 (12.7%)	899 (43.9%)	264 (22.6%)	118 (21.9%)						
Other Inside	43 (3.6%)	109 (4.6%)	55 (2.7%)	24 (2.1%)	20 (3.7%)						
Outside	145 (12.1%)	336 (14.1%)	305 (14.9%)	184 (15.8%)	77 (14.3%)						
Unknown	20 (1.7%)	20 (0.8%)	43 (2.1%)	15 (1.3%)	3 (0.6%)						
Total	1,195	2,388	2,049	1,167	540						

<u>Private Residence</u> – includes driveways garages, trailer homes and either decedent's own or another's residence.

<u>Other Residence</u> – includes hotels, motels, rooming houses, SRO (single room occupancy, shelters, social/supportive housing etc.)

Medical facility – includes hospitals, community care facilities, etc

Occupational site – includes locations where the decedent was at their place of work.

<u>Public buildings</u> – includes restaurants, community centres, businesses, clinics, etc.

Outside – includes vehicles, streets, sidewalks, parking lots, public parks, wooded areas, and campgrounds

# **BC Data by Drugs Involved:**

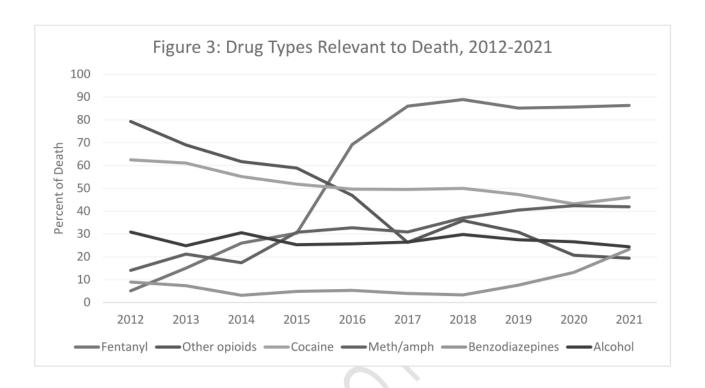
- Preliminary data suggests that the proportion of illicit drug toxicity deaths for which illicit
  fentanyl was detected (alone or in combination with other drugs) was approximately 82% in
  2022 and 86% in 2021. 2022 data will change as further toxicology results are received.
- Post-mortem toxicology results suggest that there has been a greater number of cases with extreme fentanyl concentrations in Apr 2020-Nov 2022 compared with previous months (concentrations exceeding >50ug/L (micrograms/litre).
  - From Apr 2020-Nov 2022, approximately 14% of cases had extreme fentanyl concentrations as compared to 8% from Jan 2019 to Mar 2020.
- Carfentanil has been detected in 126 suspected illicit drug toxicity deaths in 2022 and 192 deaths in 2021. This is subject to change as further toxicology results are received.
- A review of <u>completed cases</u> from 2019-22 indicates that the top four detected drugs relevant to illicit drug toxicity deaths were fentanyl (86%), cocaine (45%), methamphetamine/amphetamine (42%), and other opioids (22%).
- There is no indication that prescribed safe supply is contributing to illicit drug deaths.
- Among the drug types involved in <u>completed</u> illicit drug toxicity death investigations, illicit fentanyl has increased from 5% in 2012 to 86% in 2021. Methamphetamine has also increased from 14% in 2012 to 42% in 2021. Cocaine and other opioids have steadily declined from 2012 to 2020; however, cocaine was involved in 46% of illicit drug toxicity deaths in 2021.

Table 5: Top Drugs Involved Among	Illicit Drug Toxicity Deaths, 2019-22
Drug Detected	BC (n=2,648)
Illicit fentanyl & analogues	85.8%
Cocaine	44.5%
Methamphetamine/amphetamine	41.9%
Other opioids	22.4%
Ethyl alcohol	25.7%
Benzodiazepines	15.8%
Other stimulants	2.7%

#### Notes:

Drugs involved are noted by the coroner as being relevant to the death (this data is only available for concluded investigations). Data does not indicate when a substance was taken.

Fentanyl & analogues includes fentanyl, acetylfentanyl, 3-methylfentanyl, furanylfentanyl, carfentanil, cyclopropyl fentanyl, methoxyacetylfentanyl, 4-fluoroisobutyryl fentanyl, and norfentanyl. Meth/amph includes methamphetamine and amphetamine. Other opioids include heroin, codeine, oxycodone, morphine, hydromorphine, methadone, etc but excludes fentanyl and analogues. Other stimulants include MDMA, MDA, paramethoxymethamphetamine, paramethoxyamphetamine, pseudophedrine, methylbenzodioxylbutamine, methylone, methylphenidate, caffeine, and ephedrine.



# **Income Assistance Week:**

Table 4: Illicit Drug Toxicity Deaths per day by Income Assistance Payment Week, 2021-2022 <sup>[2,3]</sup>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
Income Assistance Payment Week (Wed-Sun)	8.0	9.4	9.4	9.2	10	6.2	8.2	7.4	7.8	8.2	9.0	9.8	8.7
All other days of the month	6.7	6.7	5.2	5.5	5.5	4.8	6.2	5.7	5.7	5.6	5.5	6.2	5.7
Total	6.9	7.2	5.9	6.1	6.3	5.1	6.5	5.9	6.1	6.0	6.1	6.8	6.2

More illicit drug toxicity deaths occurred during the days following income assistance payment (Wed-Sun) than all other days in 2021-22. Income assistance payment dates can be found at <a href="https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/payment-dates">https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/payment-dates</a>. April 2022 payment week includes May 1.

## BC Data by Sex/Age:

Table 6: III	Table 6: Illicit Drug Toxicity Deaths by Sex, 2012-2022 <sup>[2]</sup>												
Sex	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
Female	76	79	86	106	200	272	316	237	334	506	487		
Male	194	255	283	423	794	1,223	1,246	750	1,440	1,799	1,784		
Unknown	0	0	0	0	0	0	0	0	0	1	1		
Total	270	334	369	529	994	1,495	1,562	987	1,774	2,306	2,272		

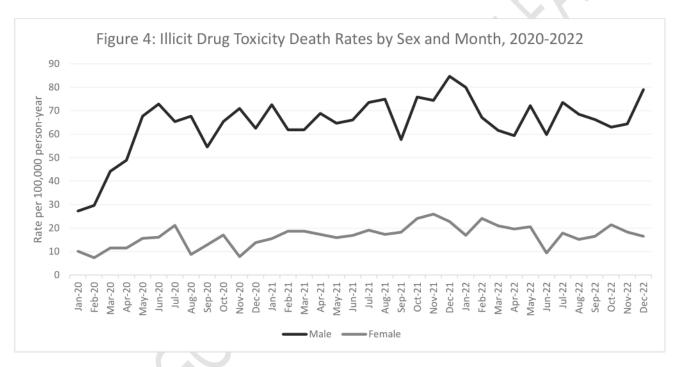


Table 7: Illicit Drug Toxicity Deaths by Age Group, 2012-2022 <sup>[2]</sup>												
Age Group	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
<19	5	6	3	5	12	26	18	13	18	31	34	
19-29	61	94	83	117	204	272	302	171	309	330	327	
30-39	61	77	101	137	261	400	397	274	414	547	547	
40-49	67	74	85	130	234	355	347	219	411	503	506	
50-59	56	62	73	110	230	314	363	214	408	588	536	
60-69	19	21	24	29	50	121	127	92	197	274	291	
70-79	1	0	0	1	3	7	8	4	17	32	29	
Unknown	0	0	0	0	0	0	0	0	0	1	2	
Total	270	334	369	529	994	1,495	1,562	987	1,774	2,306	2,272	

Posting Date January 31, 2023

Table 8: Illicit Drug Toxicity Deaths by Age Group and Month, 2022[2]												
Age Group	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<19	0	7	2	3	4	2	2	5	3	3	2	1
19-29	32	21	20	23	26	20	36	30	25	36	21	37
30-39	41	60	45	43	53	34	41	36	46	39	58	51
40-49	54	35	48	44	48	41	42	42	32	43	37	40
50-59	58	53	45	37	45	35	46	51	47	38	33	48
60-69	24	22	22	22	24	19	29	20	27	23	29	30
70-79	4	3	0	2	4	1	4	0	2	4	2	3
Unknown	0	0	0	0	0	0	1	0	0	1	0	0
Total	213	201	182	174	204	152	201	184	182	187	182	210

Figure 5: Illicit Drug Toxicity Deaths by Age Group, 2012-2022

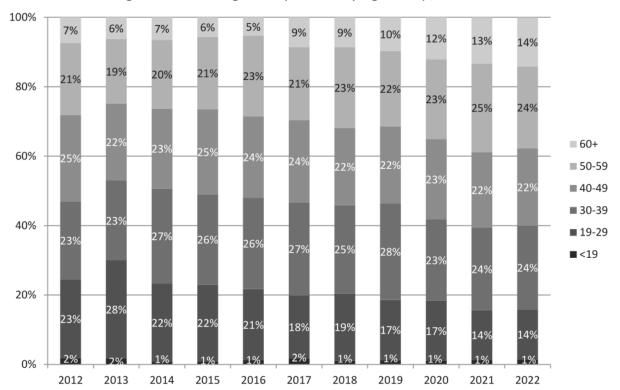
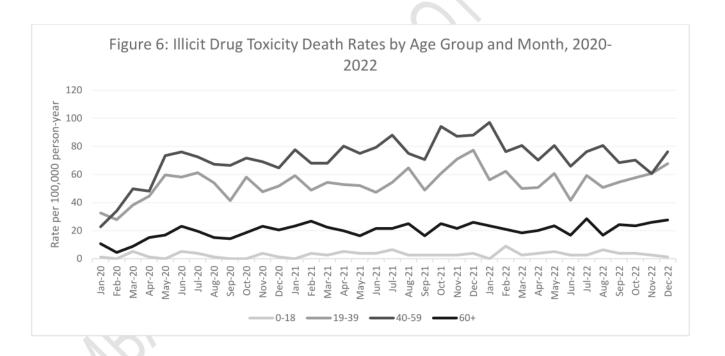


Table 9: Ag	ge-Spec	ific Illici	t Drug <sup>'</sup>	Toxicity	Death I	Rates pe	er 100,00	00, 2012	:-2022 <sup>[2</sup>	,4]	
Age Group	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<19	0.6	0.7	0.3	0.6	1.3	2.8	1.9	1.4	1.9	3.3	3.6
19-29	8.8	13.5	11.7	16.5	28.5	37.4	40.4	22.3	40.4	43.5	42.5
30-39	10.1	12.6	16.1	21.4	39.7	59.2	57.0	38.0	57.1	71.6	69.2
40-49	10.0	11.1	12.9	19.9	35.8	54.6	53.5	33.8	63.2	76.5	75.3
50-59	8.1	8.8	10.1	15.0	31.1	42.7	49.8	29.5	56.5	81.8	75.3
60-69	3.7	3.9	4.2	4.9	8.1	19.2	19.7	13.9	29.2	39.7	41.3
70-79	0.3	0.0	0.0	0.3	0.9	1.9	2.0	1.0	3.9	7.0	6.1
Total	5.9	7.2	7.8	11.1	20.5	30.3	31.2	19.4	34.4	44.2	42.7



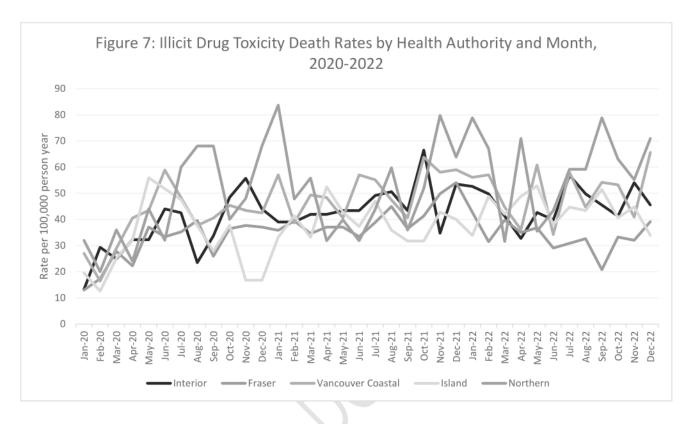
## **BC Data by Township of Injury:**

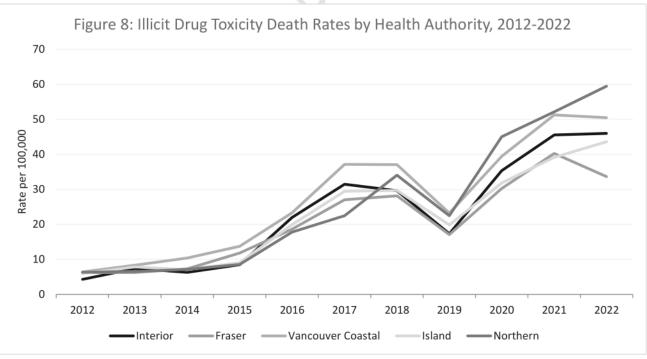
Table 10: Illicit Dru	ug Toxi	city De	aths by	Тор То	wnships	of Injur	y in 2022	2, 2012-2	2022 <sup>[2]</sup>		
Township	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Vancouver	65	80	102	138	231	374	398	248	421	542	562
Surrey	44	36	44	76	118	181	215	119	222	290	232
Greater Victoria	21	25	21	26	76	106	124	73	137	141	157
Kamloops	5	8	7	7	44	37	47	26	60	77	90
Abbotsford	7	10	7	27	40	52	41	44	66	87	88
Kelowna	8	12	12	20	47	73	56	34	61	76	87
Prince George	10	7	10	12	18	24	51	25	59	56	81
Nanaimo	6	20	16	18	30	56	38	27	39	54	74
Burnaby	10	13	11	15	40	44	49	29	59	81	69
Chilliwack	8	6	6	10	14	22	37	21	37	58	47
Langley	5	10	10	10	31	37	33	23	37	59	41
Vernon	1	11	6	8	12	24	23	14	28	42	40
Maple Ridge	5	10	14	29	28	33	29	13	39	45	36
Mission	3	3	3	4	8	18	11	12	12	18	33
Coquitlam	6	1	10	11	15	30	22	11	28	31	32
Other Township	66	82	90	118	242	384	388	268	469	649	603
Total	270	334	369	529	994	1,495	1,562	987	1,774	2,306	2,272

## **Health Authority Data:**

Table 11: Illicit Drug Toxicity Deaths by Health Authority, 2012-2022 <sup>[2,5]</sup>													
HA	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
Interior	31	54	47	64	169	246	236	140	289	378	388		
Fraser	104	106	126	208	335	494	524	326	587	795	680		
Vancouver Coastal	72	95	120	160	276	447	453	286	490	636	637		
Island	45	60	55	72	162	242	248	168	273	340	386		
Northern	18	19	21	25	52	66	101	67	135	157	181		
BC	270	334	369	529	994	1,495	1,562	987	1,774	2,306	2,272		

Table 12: Illicit Drug Toxicity Death Rates by Health Authority per 100,000, 2012-2022 <sup>[2,4,5]</sup>													
НА	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
Interior	4.3	7.4	6.3	8.4	22.0	31.5	29.6	17.3	35.3	45.6	46.0		
Fraser	6.2	6.2	7.3	11.8	18.6	27.0	28.2	17.1	30.2	40.3	33.6		
Vancouver Coastal	6.4	8.3	10.4	13.7	23.3	37.1	37.1	23.2	39.4	51.3	50.5		
Island	5.9	7.8	7.0	9.0	19.9	29.5	29.7	19.8	31.8	39.1	43.6		
Northern	6.3	6.5	7.1	8.5	17.8	22.4	34.1	22.4	45.0	52.2	59.5		
BC	5.9	7.2	7.8	11.1	20.5	30.3	31.2	19.4	34.4	44.2	42.7		





Posting Date January 31, 2023

				Health Autho	rities		T	ownship	
Year	Month	Interior	Fraser	Vancouver Coastal	Island	Northern	Vancouver	Surrey	Greater Victoria
2021	Jan	27	59	59	24	21	47	21	15
	Feb	27	65	40	30	12	35	28	13
	Mar	29	57	51	24	14	39	15	11
	Apr	29	61	50	38	8	44	26	18
	May	30	61	42	31	10	40	23	13
	Jun	30	55	59	27	8	46	16	10
	Jul	34	64	57	34	11	48	21	14
	Aug	35	74	49	26	15	44	28	9
	Sep	30	60	42	23	9	34	23	12
	Oct	46	68	66	23	13	58	27	7
	Nov	24	82	60	31	20	53	28	9
	Dec	37	89	61	29	16	54	34	10
2022	Jan	37	72	59	25	20	50	23	9
	Feb	35	53	60	36	17	51	9	20
	Mar	29	67	47	31	8	44	29	10
	Apr	23	59	38	36	18	31	23	18
	May	30	62	64	39	9	58	19	14
	Jun	28	49	36	28	11	31	18	12
	Jul	40	52	61	33	15	51	19	12
	Aug	35	55	47	32	15	41	18	15
	Sep	32	35	57	38	20	55	16	14
	Oct	29	56	56	30	16	54	19	11
	Nov	38	54	43	33	14	37	20	15
	Dec	32	66	69	25	18	59	19	7
Total		766	1475	1273	726	338	1104	522	298
Average		31.9	61.5	53.0	30.3	14.1	46.0	21.8	12.4

Table 14: Illicit Drug Toxicity Deaths by Health Services Delivery Area (HSDA), 2012-2022 <sup>[2,5]</sup>											
HSDA	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
East Kootenay	2	4	4	2	13	7	6	1	18	23	17
Kootenay Boundary	4	2	3	6	11	17	15	14	22	29	30
Okanagan	16	33	27	43	78	156	130	84	149	176	192
Thompson Cariboo	9	15	13	13	67	66	85	41	100	150	149
Fraser East	20	20	16	42	68	105	98	84	124	180	186
Fraser North	30	35	51	73	105	148	153	85	182	242	191
Fraser South	54	51	59	93	162	241	273	157	281	373	303
Richmond	1	3	3	6	14	28	12	13	19	32	28
Vancouver	65	80	102	138	231	374	398	248	421	542	562
North Shore/Coast Garibaldi	6	12	15	16	31	45	43	25	50	62	47
South Vancouver Island	21	26	23	26	78	106	125	74	139	143	159
Central Vancouver Island	20	25	25	33	57	99	93	65	102	131	159
North Vancouver Island	4	9	7	13	27	37	30	29	32	66	68
Northwest	0	6	2	6	10	8	14	16	18	47	54
Northern Interior	12	8	11	15	24	35	63	34	85	81	101
Northeast	6	5	8	4	18	23	24	17	32	29	26
Total	270	334	369	529	994	1,495	1,562	987	1,774	2,306	2,272

Table 15: Illicit Drug Toxi	Table 15: Illicit Drug Toxicity Deaths by HSDA and Month, 2022 <sup>[2,5]</sup>												
HSDA	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
East Kootenay	3	2	1	1	0	0	1	1	2	1	3	2	
Kootenay Boundary	1	1	1	2	1	3	4	6	2	2	5	2	
Okanagan	14	19	12	11	20	13	27	10	20	16	17	13	
Thompson Cariboo	19	13	15	9	9	12	8	18	8	10	13	15	
Fraser East	18	18	21	13	12	13	11	16	12	12	16	24	
Fraser North	23	14	12	18	21	11	16	16	7	19	16	18	
Fraser South	31	21	34	28	29	25	25	23	16	25	22	24	
Richmond	4	4	1	3	3	2	4	2	1	0	2	2	
Vancouver	50	51	44	31	58	31	51	41	55	54	37	59	
North Shore/Coast Garibaldi	5	5	2	4	3	3	6	4	1	2	4	8	
South Vancouver Island	9	20	10	18	14	12	12	15	15	12	15	7	
Central Vancouver Island	10	11	16	11	21	12	11	14	15	12	13	13	
North Vancouver Island	6	5	5	7	4	4	10	3	8	6	5	5	
Northwest	3	6	4	4	4	1	9	3	5	6	2	7	
Northern Interior	12	9	3	11	4	8	5	10	12	7	11	9	
Northeast	5	2	1	3	1	2	1	2	3	3	1	2	
Total	213	201	182	174	204	152	201	184	182	187	182	210	

Table 16: Illicit Drug T 2012-2022 <sup>[2,4,5]</sup>	oxicity	Death	Rates	by Hea	alth Se	rvices	Delive	ry Area	a per 1	00,000	),
HSDA	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
East Kootenay	2.6	5.1	5.0	2.4	15.7	8.4	7.1	1.2	20.8	26.3	19.1
Kootenay Boundary	5.1	2.5	3.8	7.4	13.5	20.7	18.1	16.7	26.1	34.1	34.9
Okanagan	4.6	9.3	7.5	11.6	20.8	40.6	33.2	21.1	36.7	42.5	45.5
Thompson Cariboo	4.1	6.8	5.8	5.8	29.3	28.5	35.9	17.1	41.5	61.7	60.5
Fraser East	6.9	6.8	5.4	13.8	22.0	33.2	30.2	25.3	37.0	53.0	53.5
Fraser North	4.8	5.5	7.9	11.1	15.7	21.8	22.2	12.2	25.7	33.8	26.1
Fraser South	7.2	6.6	7.5	11.6	19.7	28.9	32.3	17.9	31.3	40.6	32.2
Richmond	0.5	1.5	1.5	3.0	6.7	13.3	5.6	6.1	8.8	14.8	12.7
Vancouver	10.0	12.2	15.3	20.6	34.0	54.0	56.5	34.8	58.5	76.0	77.6
North Shore/Coast Garibaldi	2.1	4.2	5.2	5.5	10.4	15.0	14.1	8.2	16.3	19.9	14.9
South Vancouver Island	5.6	6.9	6.0	6.6	19.4	26.1	30.3	17.6	32.6	33.1	36.1
Central Vancouver Island	7.6	9.4	9.2	11.9	20.1	34.6	32.0	22.1	34.3	43.6	52.0
North Vancouver Island	3.3	7.4	5.6	10.3	21.2	28.7	22.8	21.8	23.8	48.3	48.9
Northwest	0.0	8.1	2.7	8.0	13.4	10.7	18.7	21.1	23.5	61.0	69.5
Northern Interior	8.4	5.5	7.5	10.3	16.3	23.6	42.0	22.5	56.0	53.3	65.7
Northeast	8.7	7.0	11.0	5.6	25.4	32.4	33.6	23.7	44.7	40.3	35.7
Total	5.9	7.2	7.8	11.1	20.5	30.3	31.2	19.4	34.4	44.2	42.7

New Table 17: Illicit Drug Toxicity Death Rates (per 100,000 person-years) by Top Local Health Areas (LHA) in 2022, 2017-2022<sup>[2,4,5]</sup>

Rates provided by BCCDC. For the complete list of LHA rates, visit the BC Centre for Disease website (http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard)

(map, ) minipode acces, neutral p							No. of
	2017	2018	2019	2020	2021	2022	Deaths
Vanagarius Cantus Nauth	202.2	221.0	217.6	200.2	452.7	470.0	2022
Vancouver - Centre North	283.2	321.9	217.6	366.3	452.7	470.8	319
Terrace	14.2	28.3	32.3	45.2	75.9	110.5	25
Merritt	78.5	42.6	25.4	17	119.3		11
Hope	46.4	45.3	45.2	79.7	100.2	87.9	8
Prince George	26.8	53.6	25.1	57.3	54.3	79	84
Vancouver - City Centre	64.5	51.4	32.8	47.3	63.4	77.6	104
Alberni/Clayoquot	36.8	39.4	32.8	29.6	70.1	75.1	26
Lillooet	*	45.4	*	73.8	99.8	74.7	3
Kamloops	33.3	41.4	22.3	51.3	66.6	73.8	96
Kitimat	0	0	0	10.7	31.6	72.8	7
Cowichan Valley West	15.2	30	29.6	14.5	43.5	71.5	5
Keremeos	56.3	55.3	36.7	72.6	35.1	69.1	4
North Thompson	23.4	45.6	23.2	46.1	139.3	69.1	3
Prince Rupert	14.1	0	14	27.9	34.4	68.1	10
Mission	39	27.4	25.2	25.2	39.4	67	33
Cariboo/Chilcotin	27	34.6	11.5	38.3	38.2	64.5	17
Greater Nanaimo	51.1	34.1	22.5	35.4	45.7	63.8	80
Agassiz/Harrison	48.2	18.7	9.3	9.3	46.3	63.6	7
Vernon	42.7	33.7	19.4	40.9	57.7	60.8	46
Penticton	38.7	35.8	49	37.9	59.6	58.8	27
Greater Campbell River	42.2	30.5	30.1	31.8	52.2	55.5	27
Kettle Valley	27.7	0	0	54.7	82.1	54.4	2
Greater Victoria	38.3	39.8	25.7	47.3	46.5	53	133
Abbotsford	34.9	25.7	27.5	38.7	51.4	52.1	88
Comox Valley	24.2	21	16.5	19	46.8	48.6	37

Note: \*Data suppressed.

## **Notes:**

- 1. The BCCS operates in a live database environment. Some data for more recent years is based on preliminary circumstances and is subject to change as investigations are concluded. Data are not directly comparable to published counts from previous years.
- 2. 2022 data includes January 1, 2022 to December 31, 2022.
- 3. Date of death was used in tables where date of injury was unknown.
- 4. Population estimates were taken from: <u>https://www.bcstats.gov.bc.ca/apps/PopulationProjections.aspx</u>
- 5. Health Region breakdowns can be found at: <a href="http://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries">http://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries</a>

List of Townships ar	nd Corresponding Hea	alth Regions
Township Name	Health Authority	Health Services Delivery Area
100 Mile House	Interior	Thompson Cariboo Shuswap
108 Mile Ranch	Interior	Thompson Cariboo Shuswap
150 Mile House	Interior	Thompson Cariboo Shuswap
Abbotsford	Fraser	Fraser East
Alert Bay	Vancouver Island	North Vancouver Island
Armstrong	Interior	Okanagan
Arras	Northern	Northeast
Beasley	Interior	Kootenay Boundary
Beaver Falls	Interior	Kootenay Boundary
Blue River	Interior	Thompson Cariboo Shuswap
Bowen Island	Vancouver Coastal	North Shore/Coast Garibaldi
Bowser	Vancouver Island	Central Vancouver Island
Burnaby	Fraser	Fraser North
Burns Lake	Northern	Northern Interior
Cache Creek	Interior	Thompson Cariboo Shuswap
Campbell River	Vancouver Island	North Vancouver Island
Canal Flats	Interior	East Kootenay
Castlegar	Interior	Kootenay Boundary
Cawston	Interior	Okanagan
Cedar	Vancouver Island	Central Vancouver Island
Central Saanich	Vancouver Island	South Vancouver Island
Charlie Lake	Northern	Northeast
Chase	Interior	Thompson Cariboo Shuswap
Chemainus	Vancouver Island	Central Vancouver Island
Chetwynd	Northern	Northeast
Chilliwack	Fraser	Fraser East
Christina Lake	Interior	Kootenay Boundary
Clearwater	Interior	Thompson Cariboo Shuswap
Cobble Hill	Vancouver Island	Central Vancouver Island
Coldstream	Interior	Okanagan
Colwood	Vancouver Island	South Vancouver Island
Comox	Vancouver Island	North Vancouver Island
Coombs	Vancouver Island	Central Vancouver Island
Coquitlam	Fraser	Fraser North
Cortes Island	Vancouver Island	North Vancouver Island
Courtenay	Vancouver Island	North Vancouver Island
Cowichan Bay	Vancouver Island	Central Vancouver Island
Cranbrook	Interior	East Kootenay
Crescent Valley	Interior	Kootenay Boundary
Creston	Interior	East Kootenay
Cultus Lake	Fraser	Fraser East

List of Townships and	Corresponding Healt	h Regions
Township Name	Health Authority	Health Services Delivery Area
Cumberland	Vancouver Island	North Vancouver Island
Dawson Creek	Northern	Northeast
Dease Lake	Northern	Northwest
Delta	Fraser	Fraser South
Duncan	Vancouver Island	Central Vancouver Island
Edgewood	Interior	Kootenay Boundary
Elkford	Interior	East Kootenay
Enderby	Interior	Okanagan
Errington	Vancouver Island	Central Vancouver Island
Esquimalt	Vancouver Island	South Vancouver Island
Fairmont Hot Springs	Interior	East Kootenay
Falkland	Interior	Thompson Cariboo Shuswap
Fort Nelson	Northern	Northeast
Fort St. James	Northern	Northern Interior
Fort St. John	Northern	Northeast
Gabriola Island	Vancouver Island	Central Vancouver Island
Galiano Island	Vancouver Island	South Vancouver Island
Gibsons	Vancouver Coastal	North Shore/Coast Garibaldi
Gillies Bay	Vancouver Coastal	North Shore/Coast Garibaldi
Gold River	Vancouver Island	North Vancouver Island
Golden	Interior	East Kootenay
Grand Forks	Interior	Kootenay Boundary
Harrison Hot Springs	Fraser	Fraser East
Норе	Fraser	Fraser East
Horsefly	Interior	Thompson Cariboo Shuswap
Houston	Northern	Northwest
Invermere	Interior	East Kootenay
Isle Pierre	Northern	Northern Interior
Kamloops	Interior	Thompson Cariboo Shuswap
Kaslo	Interior	Kootenay Boundary
Kelowna	Interior	Okanagan
Kent	Fraser	Fraser East
Kimberley	Interior	East Kootenay
Kispiox	Northern	Northwest
Kitamaat Village	Northern	Northwest
Kitimat	Northern	Northwest
Kitseguecla (Gitsegukla)	Northern	Northwest
Lac La Hache	Interior	Thompson Cariboo Shuswap
Ladysmith	Vancouver Island	Central Vancouver Island
Lake Country, District Of	Interior	Okanagan
Lake Cowichan	Vancouver Island	Central Vancouver Island

List of Townships and	Corresponding Healt	th Regions
Township Name	Health Authority	Health Services Delivery Area
Langford	Vancouver Island	South Vancouver Island
Langley	Fraser	Fraser South
Lantzville	Vancouver Island	Central Vancouver Island
Lee Creek	Interior	Thompson Cariboo Shuswap
Lillooet	Interior	Thompson Cariboo Shuswap
Lions Bay	Vancouver Coastal	North Shore/Coast Garibaldi
Logan Lake	Interior	Thompson Cariboo Shuswap
Lumby	Interior	Okanagan
Mabel Lake	Interior	Okanagan
Mackenzie	Northern	Northern Interior
Madeira Park	Vancouver Coastal	North Shore/Coast Garibaldi
Malakwa	Interior	Thompson Cariboo Shuswap
Maple Ridge	Fraser	Fraser North
Mayne Island	Vancouver Island	South Vancouver Island
Merritt	Interior	Thompson Cariboo Shuswap
Mill Bay	Vancouver Island	Central Vancouver Island
Mission	Fraser	Fraser East
Nakusp	Interior	Kootenay Boundary
Nanaimo	Vancouver Island	Central Vancouver Island
Nanoose Bay	Vancouver Island	Central Vancouver Island
Nelson	Interior	Kootenay Boundary
New Denver	Interior	Kootenay Boundary
New Hazelton	Northern	Northwest
New Westminster	Fraser	Fraser North
North Cowichan	Vancouver Island	Central Vancouver Island
North Vancouver	Vancouver Coastal	North Shore/Coast Garibaldi
Oak Bay	Vancouver Island	South Vancouver Island
Okanagan Falls	Interior	Okanagan
Olalla	Interior	Okanagan
Oliver	Interior	Okanagan
Osoyoos	Interior	Okanagan
Parksville	Vancouver Island	Central Vancouver Island
Peachland	Interior	Okanagan
Pemberton	Vancouver Coastal	North Shore/Coast Garibaldi
Pender Island	Vancouver Island	South Vancouver Island
Penticton	Interior	Okanagan
Pink Mountain	Northern	Northeast
Pitt Meadows	Fraser	Fraser North
Port Alberni	Vancouver Island	Central Vancouver Island
Port Alice	Vancouver Island	North Vancouver Island
Port Coquitlam	Fraser	Fraser North

List of Townships and	Corresponding Healt	th Regions
Township Name	Health Authority	Health Services Delivery Area
Port Hardy	Vancouver Island	North Vancouver Island
Port Mcneill	Vancouver Island	North Vancouver Island
Port Moody	Fraser	Fraser North
Powell River	Vancouver Coastal	North Shore/Coast Garibaldi
Prince George	Northern	Northern Interior
Prince Rupert	Northern	Northwest
Princeton	Interior	Okanagan
Prophet River	Northern	Northeast
Quadra Island	Vancouver Island	North Vancouver Island
Qualicum Beach	Vancouver Island	Central Vancouver Island
Queen Charlotte City	Northern	Northwest
Quesnel	Northern	Northern Interior
Radium Hot Springs	Interior	East Kootenay
Revelstoke	Interior	Thompson Cariboo Shuswap
Richmond	Vancouver Coastal	Richmond
Roberts Creek	Vancouver Coastal	North Shore/Coast Garibaldi
Rock Creek	Interior	<b>Kootenay Boundary</b>
Saanich	Vancouver Island	South Vancouver Island
Salmo	Interior	Kootenay Boundary
Salmon Arm	Interior	Thompson Cariboo Shuswap
Salt Spring Island	Vancouver Island	South Vancouver Island
Sayward	Vancouver Island	North Vancouver Island
Sechelt	Vancouver Coastal	North Shore/Coast Garibaldi
Seton Portage	Interior	Thompson Cariboo Shuswap
Shawnigan Lake	Vancouver Island	Central Vancouver Island
Sicamous	Interior	Thompson Cariboo Shuswap
Smithers	Northern	Northwest
Sointula	Vancouver Island	North Vancouver Island
Sooke	Vancouver Island	South Vancouver Island
South Slocan	Interior	Kootenay Boundary
South Wellington	Vancouver Island	Central Vancouver Island
Sparwood	Interior	East Kootenay
Squamish	Vancouver Coastal	North Shore/Coast Garibaldi
Sullivan Bay	Vancouver Island	North Vancouver Island
Summerland	Interior	Okanagan
Surrey	Fraser	Fraser South
Terrace	Northern	Northwest
Trail	Interior	Kootenay Boundary
Tumbler Ridge	Northern	Northeast
Ucluelet	Vancouver Island	Central Vancouver Island
Vancouver	Vancouver Coastal	Vancouver

List of Townships and	Corresponding Hea	Ith Regions
Township Name	Health Authority	Health Services Delivery Area
Vanderhoof	Northern	Northern Interior
Vernon	Interior	Okanagan
Victoria	Vancouver Island	South Vancouver Island
West Kelowna	Interior	Okanagan
West Vancouver	Vancouver Coastal	North Shore/Coast Garibaldi
Whisky Creek	Vancouver Island	Central Vancouver Island
Whistler	Vancouver Coastal	North Shore/Coast Garibaldi
White Rock	Fraser	Fraser South
Williams Lake	Interior	Thompson Cariboo Shuswap
Winlaw	Interior	Kootenay Boundary
Wonowon	Northern	Northeast
Yale	Fraser	Fraser East
Ymir	Interior	Kootenay Boundary
Youbou	Vancouver Island	Central Vancouver Island
Zeballos	Vancouver Island	North Vancouver Island

## FW: EMBARGOED: BC Coroners Service Illicit Drug Toxicity Death Reporting - Embargoed until March 7, 2023 at 11:00 PST

From: Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>

To: Massey, Christine MMHA:EX < Christine.Massey@gov.bc.ca>, Sturtevant,

Darryl MMHA:EX < Darryl. Sturtevant@gov.bc.ca>

Cc: Casanova, Tamara MMHA:EX <Tamara.Casanova@gov.bc.ca>, Turner, Sara

J MMHA:EX <Sara.Turner@gov.bc.ca>, Davison, Carolyn J MMHA:EX

<Carolyn.Davison@gov.bc.ca>, Khalaileh, Aygul GCPE:EX

<Aygul.Khalaileh@gov.bc.ca>

Sent: March 2, 2023 4:20:40 PM PST

Attachments: image001.png, BCCS Illicit Drug Report to Jan 2023 - Embargoed Copy.pdf

FYI

From: Panton, Ryan PSSG:EX <Ryan.Panton@gov.bc.ca>

Sent: Thursday, March 2, 2023 4:18 PM Cc: Sidhu, Tej PSSG:EX <Tej.Sidhu@gov.bc.ca>

Subject: EMBARGOED: BC Coroners Service Illicit Drug Toxicity Death Reporting - Embargoed until March 7, 2023 at

11:00 PST

Good afternoon,

Attached is a PDF summarizing the BC Coroners Service's latest reporting into suspected illicit drug toxicity deaths in British Columbia. Please note that the BC Coroners Service is now utilizing a dashboard-style report that will be inactive until the report is published.

This email includes one report:

Illicit Drug Toxicity Deaths in B.C. (to January 31, 2023)

Note: The Illicit Drug Toxicity Type of Drug Data Report will now be updated on a quarterly basis.

This report will be posted publicly on the <u>Statistical Reports</u> page of the BC Coroners Service website at **11:00 a.m.** Pacific on Tuesday, March 7.

Please consider the information contained in this report under embargo until that time.

### **Report Summary:**

- There were 211 suspected illicit drug deaths in January 2023. This represents an 2% decrease over the number of deaths in January 2022 (216) and a 2% increase over the number of deaths in December 2022 (207).
- The number of illicit drug toxicity deaths in January 2023 equates to about 6.8 deaths per day.
- In 2023, 69% of those dying were aged 30 to 59, and 77% were male.

Thanks,

Ryan

### **Ryan Panton**

Manager, Strategic Communications and Media Relations

BC Coroners Service Office: 236 478-1582 Mobile: 250 883-6157 PO Box 9259, Stn Prov Govt Victoria, BC V8W 9J4

Territory of the Songhees and Esquimalt First Nations

http://www.gov.bc.ca/coroners



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## Coroners Service Unintentional Illicit Drug Toxicity - Summary

Summary

BC

Age Group

Sex

**Health Authority** 

**Health Service Delivery** 

Local Health Area

Township of Injury

Place of Injury

Drugs Involved

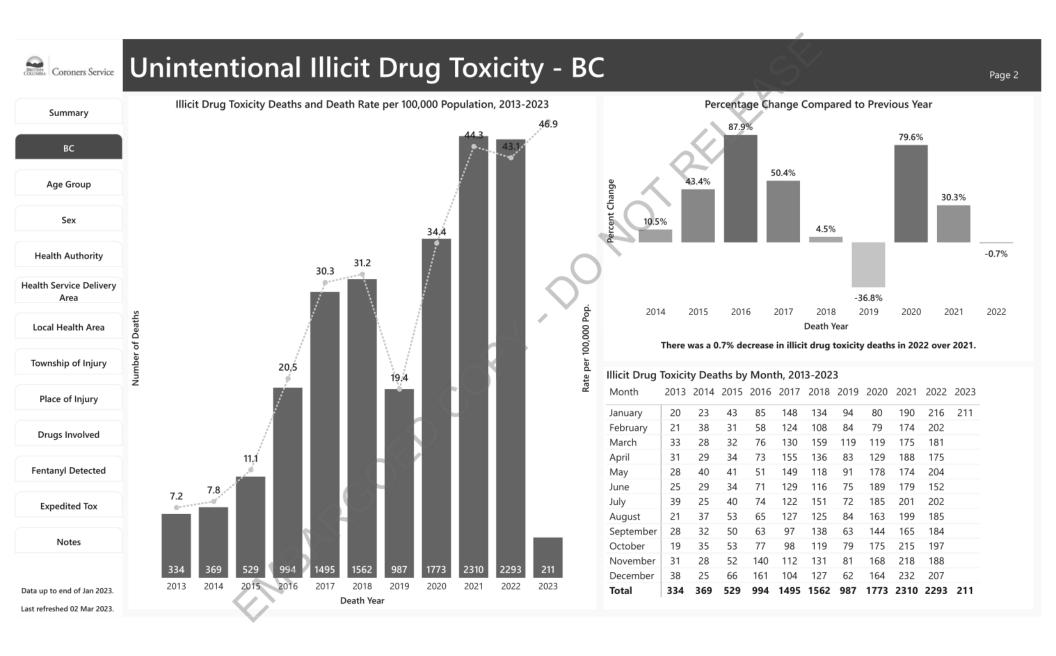
Fentanyl Detected

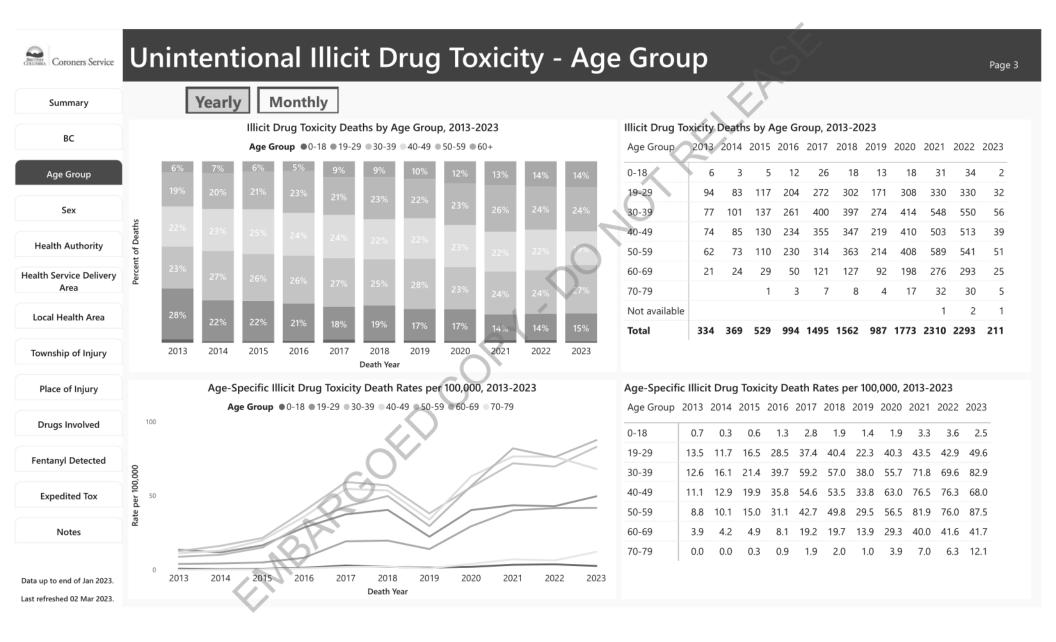
**Expedited Tox** 

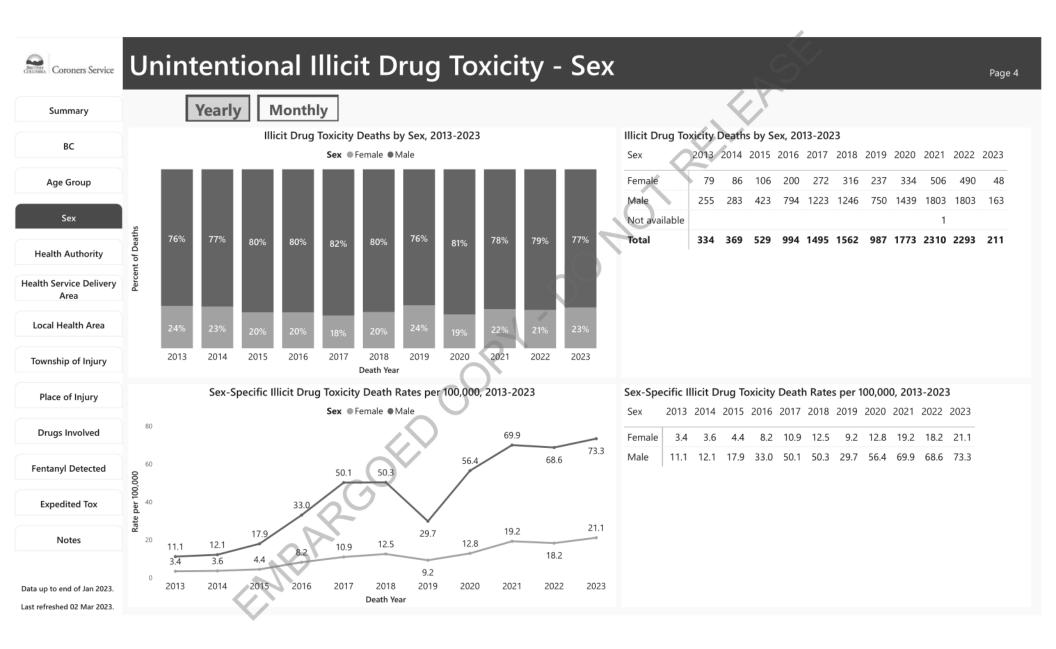
Notes

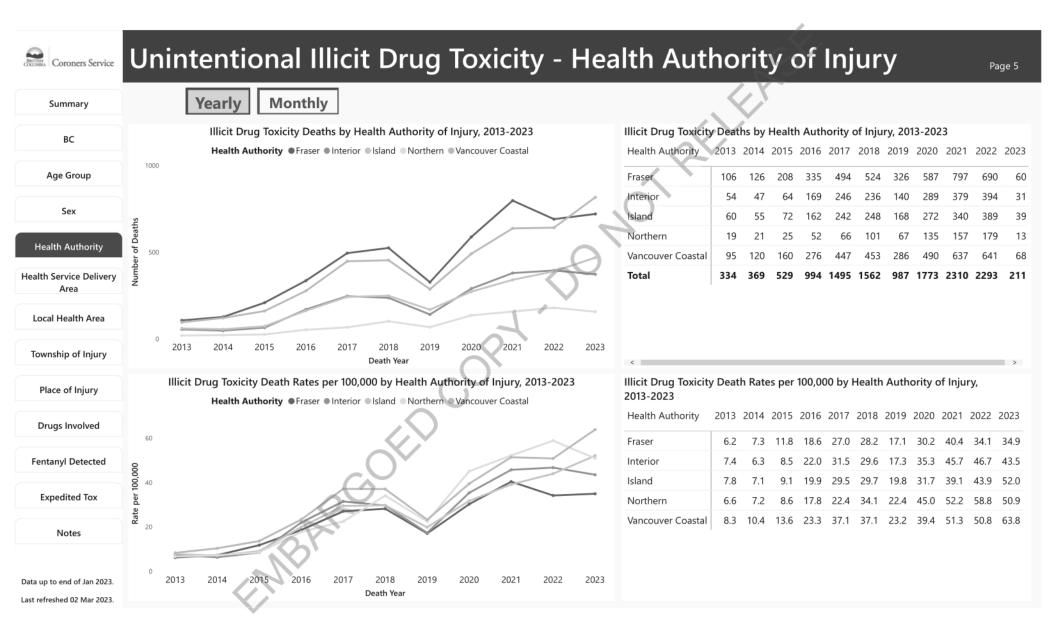
Data up to end of Jan 2023. Last refreshed 02 Mar 2023. 2023 Summary

- There were 211 suspected illicit drug deaths in January 2023. This represents an 2% decrease over the number of deaths in January 2022 (216) and 2% increase over the number of deaths in December 2022 (207).
- The number of illicit drug toxicity deaths in January 2023 equates to about 6.8 deaths per day.
- In 2023, 69% of those dying were aged 30 to 59, and 77% were male.
- The townships experiencing the highest number of illicit drug toxicity deaths in 2023 are Vancouver, Surrey, and Greater Victoria.
- By Health Authority, in 2023, the highest number of illicit drug toxicity deaths were in Vancouver Coastal and Fraser Health Authorities (68 and 60 deaths, respectively), making up 61% of all such deaths during 2023. The highest rates were in Vancouver Coastal Health (64 deaths per 100,000 individuals) and Island Health (52 per 100,000). Overall, the rate in BC is 47 deaths per 100,000 individual is 2023.
- By Health Service Delivery Area (HSDA), in 2023, the highest rates were in Vancouver, North Vancouver Island, Northern Interior, Central Vancouver Island and Northwest.
- By Local Health Area, in 2022, the highest rates were in Vancouver Centre North, Terrace, Merritt, Hope, and Prince George.
- In 2022, 83% of illicit drug toxicity deaths occurred inside (55% in private residences and 29% in other inside residences including social and supportive housing, SROs, shelters, and hotels and other indoor locations) and 15% occurred outside in vehicles, sidewalks, streets, parks, etc.
- Two deaths occurred at an overdose prevention site (OPS); one in 2022 and one in 2023.
- There is no indication that prescribed safe supply is contributing to illicit drug deaths.







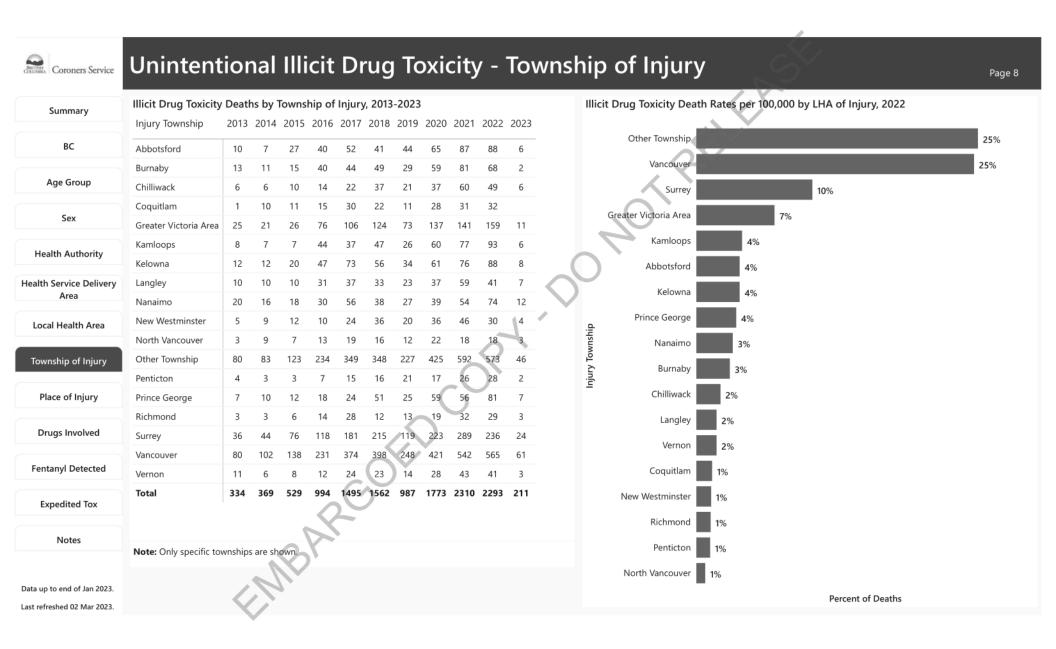


BRITISH	Coroners	Service

# Unintentional Illicit Drug Toxicity - Health Service Delivery Area (HSDA) of Injury

Summary			Click to	o filter b	y health	authority	(HA) or o	trl + clic	to filter	by multip	ole HAs. (	Click again	on a highlighted HA to remove it from	the select	tion.					_				
Summary				Sele	ct all		1	Fraser			Inter	ior	Island	Nor	thern		Vanco	ouver C	Coastal					
ВС										,										_				
	Illicit Drug Toxicity Death	is by F	HSDA o	of Inju	ıry, 20	13-202	23						Illicit Drug Toxicity Death	Rates	s per 1	00,00	by H	ISDA o	of Inju	ry, 201	13-202	23		
Age Group	HSDA	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	HSDA	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Sex	East Kootenay	4	4	2	13	7	6	1	18	24	17		East Kootenay	5.1	5.0	2.4	15.7	8.4	7.1	1.2	20.8	27.4	19.1	
Sex	Kootenay Boundary	2	3	6	11	17	15	14	22	29	30	4	Kootenay Boundary	2.5	3.8	7.5	13.5	20.7	18.1	16.7	26.1	34.1	34.9	55.4
Health Authority	Okanagan	33	27	43	78	156	130	84	149	176	194	15	Okanagan	9.3	7.5	11.7	20.8	40.6	33.2	21.1	36.7	42.5	45.9	41.9
	Thompson Cariboo Shuswap	15	13	13	67	66	85	41	100	150	153	12	Thompson Cariboo Shuswap	6.8	5.9	5.8	29.3	28.5	35.9	17.1	41.5	61.7	62.1	57.7
Health Service Delivery Area	Fraser East	20	16	42	68	105	98	84	123	182	190	17	Fraser East	6.9	5.4	14.0	22.0	33.2	30.2	25.3	36.7	53.5	54.7	57.6
Alea	Fraser North	35	51	73	105	148	153	85	182	243	192	10	Fraser North	5.5	7.8	11.1	15.7	21.8	22.2	12.2	25.7	33.9	26.2	16.1
Local Health Area	Fraser South	51	59	93	162	241	273	157	282	372	308	33	Fraser South	6.6	7.5	11.5	19.7	28.9	32.3	17.9	31.4	40.5	32.7	41.1
	Richmond	3	3	6	14	28	12	13	19	32	29	3	Richmond	1.5	1.5	2.9	6.7	13.3	5.6	6.1	8.8	14.8	13.1	16.0
Township of Injury	Vancouver	80	102	138	231	374	398	248	421	542	565	61	Vancouver	12.2	15.3	20.4	34.0	54.0	56.5	34.8	58.5	76.0	78.0	99.7
	North Shore/Coast Garibaldi	12	15	16	31	45	43	25	50	63	47	4	North Shore/Coast Garibaldi	4.2	5.2	5.5	10.4	15.0	14.1	8.2	16.3	20.2	14.9	15.0
Place of Injury	South Vancouver Island	26	23	26	78	106	125	74	139	143	162	11	South Vancouver Island	6.8	6.0	6.6	19.4	26.1	30.3	17.6	32.6	33.1	36.8	29.5
Drugs Involved	Central Vancouver Island	25	25	33	57	99	93	65	101	131	159	18	Central Vancouver Island	9.4	9.2	12.0	20.1	34.6	32.0	22.1	34.0	43.6	52.0	69.5
Drugs involved	North Vancouver Island	9	7	13	27	37	30	29	32	66	68	10	North Vancouver Island	7.4	5.7	10.4	21.2	28.7	22.8	21.8	23.8	48.3	48.9	85.2
Fentanyl Detected	Northwest	6	2	6	10	8	14	16	18	47	55	4	Northwest	8.1	2.7	8.0	13.4	10.7	18.7	21.1	23.5	61.0	70.8	61.4
	Northern Interior	8	11	15	24	35	63	34	85	81	100	9	Northern Interior	5.6	7.6	10.3	16.3	23.6	42.0	22.5	56.0	53.3	65.1	69.7
Expedited Tox	Northeast	5	8	4	18	23	24	17	32	29	24		Northeast	7.1	11.3	5.6	25.4	32.4	33.6	23.7	44.7	40.3	32.9	
	Total	334	369	529	994	1495	1562	987	1773	2310	2293	211												
Notes			8																					
Data up to end of Jan 2023.  Last refreshed 02 Mar 2023.			,										Note: 2023 rates should be in	terprete	ed with	cautior	due to	o small	numbe	rs.				

Summary	Click to	o filter by healt	h authori	ty (HA) o	or ctrl + c	lick to fi	Iter by mi	ultiple HAs	ghlighted HA to remove it from	n the selection.		LHA S	Search			
Jan,		Select all			Fraser			Interi	Northern Vanc	ouver Coastal Vancouver	Island	Sea	arch			Q
ВС																
	Illicit Drug Toxicity Death	s by LHA o	f Injui	y, 201	6-202	2			Illicit Drug	Toxicity Death Rates per 10	00,000	by LHA	of Injur	y, 2016	5-2022	
Age Group	LHA Name	2016	2017	2018	2019	2020	2021	2022	^ LHA Name	2016	2017	2018	2019	2020	2021	202
<b></b>	100 Mile House	0	1	3	2	2	6	2	100 Mile H	ouse 0	6.8	20.3	13.4	13.2	38.7	12.7
Sex	Abbotsford	39	53	40	44	63	85	88	Abbotsford	26.4	34.9	25.7	27.5	38.7	51.4	52.1
Health Authority	Agassiz/Harrison	3	5	2	1	1	5	7	Agassiz/Ha	rrison 29.6	48.2	18.7	9.3	9.3	46.3	63.6
,	Alberni/Clayoquot	5	12	13	11	10	24	26	Alberni/Cla	yoquot 15.5	36.8	39.4	32.8	29.6	70.1	75.1
alth Service Delivery Area	Armstrong/Spallumcheen	1	0	1	0	3	2	1	Armstrong/	/Spallumcheen 9.4	0	9.2	0	27.4	18.2	9
Alea	Arrow Lakes	0	1	2	1	2	2	2	Arrow Lake	es 0	21.3	42.1	21.1	41.6	40.6	40.3
ocal Health Area	Bella Coola Valley	*	*	*	*	*	*	*	Bella Coola	Valley *	*	*	*	*	*	*
	Burnaby	40	44	49	29	57	81	68	Burnaby	16.4	17.8	19.5	11.4	22.1	31	25.6
ownship of Injury	Burns Lake	3	0	0	1	0	0	1	Burns Lake	45.5	0	0	15.3	0	0	15.4
Diama of talama	Cariboo/Chilcotin	4	7	9	3	10	10	17	Cariboo/Ch	nilcotin 15.5	27	34.6	11.5	38.3	38.2	64.5
Place of Injury	Castlegar	3	2	0	5	3	6	7	Castlegar	21	13.9	0	33.9	20.1	40.4	46.5
Drugs Involved	Central Coast	*	*	*	*	*	*	*	Central Coa	ast *	*	*	*	*	*	*
. 3	Central Okanagan	54	91	68	42	79	85	92	Central Oka	anagan 26.8	43.7	31.8	19.2	35.3	37.1	39.2
entanyl Detected	Chilliwack	15	25	37	21	38	60	50	Chilliwack	15.3	25.1	36.2	20.2	36.1	56.3	45.8
	Comox Valley	11	17	15	12	14	35	37	Comox Vall	ley 15.8	24.2	21	16.5	19	46.8	48.6
Expedited Tox	Cowichan Valley North	4	4	3	3	5	3	5	Cowichan \	Valley North 20.4	19.8	14.7	14.5	24	14.2	23.1
	Cowichan Valley South	10	13	27	13	22	27	30	Cowichan \	Valley South 16.3	21.1	43.3	20.7	34.8	42.3	46.2
Notes	Cowichan Valley West	4	1	2	2	1	3	5	<ul> <li>Cowichan V</li> </ul>	Valley West 15.3	15.2	30	29.6	14.5	43.5	71.5



## Coroners Service Unintentional Illicit Drug Toxicity - Place of Injury

Page 9

Summary

BC

Age Group

Sex

**Health Authority** 

**Health Service Delivery** 

Local Health Area

Township of Injury

Place of Injury

**Drugs Involved** 

Fentanyl Detected

**Expedited Tox** 

Notes

Data up to end of Jan 2023. Last refreshed 02 Mar 2023. Illicit Drug Toxicity Deaths by Place of Injury, BC, 2019-2022 2020 2021 Year 2019 2022 Place of Injury Number Percent Number Percent Number Percent Private Residence 1252 567 57.4% 1008 56.9% 1285 55.6% 54.6% Other Residence 26.6% 26.0% 574 541 23.6% 263 461 24.8% Outside 252 14.9% 14.9% 118 12.0% 14.2% 345 341 Public Building: Other 8 0.8% 13 0.7% 30 1.3% 59 2.6% Not available 1.9% 5 0.5% 18 1.0% 37 1.6% 44 Public Building: Washroom 11 1.1% 6 0.3% 13 0.6% 28 1.2% 0.4% Occupational 9 9 0.4% 0.6% 6 0.3% 0.3% Correctional Facility/Police Cell 0.4% 0.3% 12 0.5% Medical Facility 5 0.5% 0.2% 0.4% 0.3% 100.0% 100.0% 2293 Total 987 100.0% 1773 2310 100.0%



Private Residence - includes driveways garages, trailer homes and either decedent's own or another's residence.

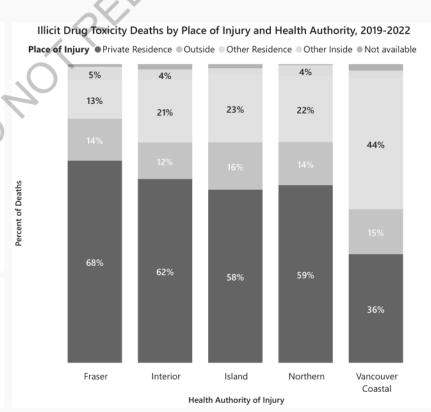
Other Residence - includes hotels, motels, rooming houses, SRO (single room occupancy, shelters, social/supportive housing etc.)

Medical facility - includes hospitals, community care facilities, etc

Occupational site – includes locations where the decedent was at their place of work.

Public buildings - includes restaurants, community centres, businesses, clinics, etc.

Outside – includes vehicles, streets, sidewalks, parking lots, public parks, wooded areas, and campgrounds





## Coroners Service Unintentional Illicit Drug Toxicity - Drugs Involved

Fraser

Click to filter by health authority (HA) or ctrl + click to filter by multiple HAs. Click again on a highlighted HA to remove it from the selection,

Interior

Island

Northern

Page 10

Summary	
---------	--

BC

Age Group

Sex

**Health Authority** 

**Health Service Delivery** 

Local Health Area

Township of Injury

Place of Injury

**Drugs Involved** 

Fentanyl Detected

**Expedited Tox** 

Notes

Data up to end of Jan 2023. Last refreshed 02 Mar 2023.

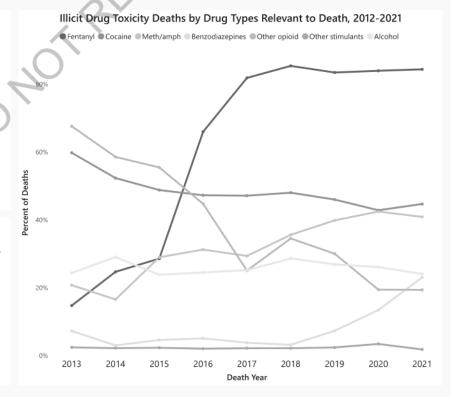
Illicit Drug Toxicity	/ Death	is by D	rug Ty	oes Rel	evant t	o Deat	h, 2012	-2021	
	2013	2014	2015	2016	2017	2018	2019	2020	2021
Fentanyl	14.7%	24.7%	28.6%	66.0%	81.8%	85.4%	83.4%	83.9%	84.4%
Cocaine	59.8%	52.3%	48.8%	47.2%	47.1%	48.0%	46.0%	42.8%	44.7%
Meth/amph	20.7%	16.5%	29.0%	31.2%	29.3%	35.6%	39.8%	42.4%	40.8%
Benzodiazepines	7.2%	3.0%	4.6%	5.0%	3.8%	3.2%	7.3%	13.4%	23.0%
Other opioid	67.6%	58.5%	55.4%	44.7%	25.0%	34.5%	30.0%	19.4%	19.3%
Other stimulants	2.4%	2.2%	2.3%	2.0%	2.2%	2.1%	2.4%	3.4%	1.8%
Alcohol	24.3%	29.0%	23.8%	24.5%	25.2%	28.6%	26.9%	26.1%	24.0%

Select all

#### Notes:

This data is only available for completed illicit drug toxicity death investigations. Drugs involved are noted by the coroner as being relevant to the death. Data does not indicate when a substance was taken.

- Fentanyl & analogues includes fentanyl, acetylfentanyl, 3-methylfentanyl, furanylfentanyl, carfentanil, cyclopropyl fentanyl, methoxyacetylfentanyl, 4-fluoroisobutyryl fentanyl, and norfentanyl.
- Meth/amph includes methamphetamine and amphetamine.
- · Other opioids include heroin, codeine, oxycodone, morphine, hydromorphine, methadone, etc but excludes fentanyl and analogues.
- · Other stimulants include MDMA, MDA, paramethoxymethamphetamine, paramethoxyamphetamine, pseudophedrine, methylbenzodioxylbutamine, methylone, methylphenidate, caffeine, and ephedrine.



Vancouver Coastal

Click to switch chart.

Fentanyl

Carfentanil

Summary

BC

Age Group

Sex

**Health Authority** 

**Health Service Delivery** 

Local Health Area

Township of Injury

Place of Injury

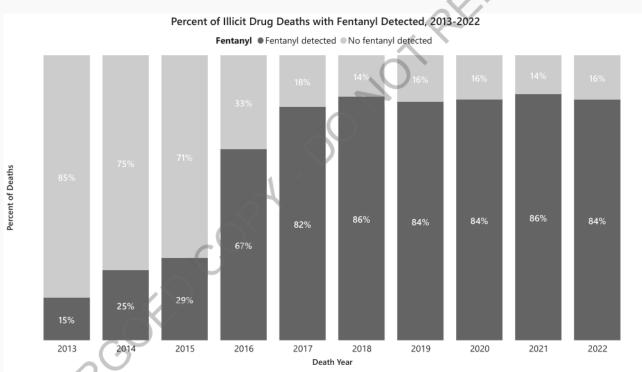
**Drugs Involved** 

Fentanyl Detected

**Expedited Tox** 

Notes

Data up to end of Jan 2023. Last refreshed 02 Mar 2023.



Note: Percent of illicit drug toxicity deaths with fentanyl or fentanyl analogues detected by year of death among all confirmed and suspected illicit toxicity deaths. Data is preliminary and subject to change as further toxicology results are received.

## Coroners Service Unintentional Illicit Drug Toxicity - Expedited Toxicology

Summary

BC

Age Group

Sex

**Health Authority** 

**Health Service Delivery** 

Local Health Area

Township of Injury

Place of Injury

**Drugs Involved** 

Fentanyl Detected

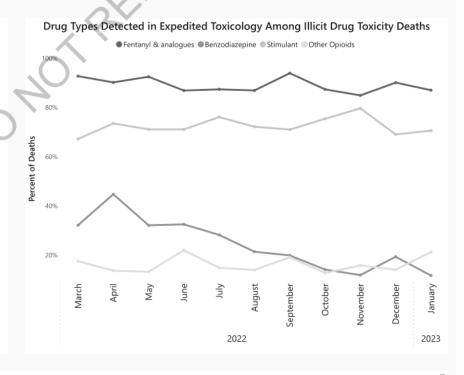
**Expedited Tox** 

Notes

Data up to end of Jan 2023. Last refreshed 02 Mar 2023.

inck to litter by health authority (TA) of cut + click to litter by multiple TAs. Click again of a highlighted TA to remove it from the selection.									
Select all	Fraser	Interior	Island	Northern	Vancouver Coastal				

Drug Types Dete	ected in Expedite	d Toxicology Am	ong Illicit Drug Tox	cicity Deaths
Year	Fentanyl & analogues	Stimulant	Other Opioids	Benzodiazepine
□ 2022				
February	86.5%	75.9%	25.6%	43.6%
March	92.7%	67.2%	17.5%	32.1%
April	90.2%	73.5%	13.6%	44.7%
May	92.5%	71.1%	13.2%	32.1%
June	86.8%	71.1%	21.9%	32.5%
July	87.3%	76.1%	14.8%	28.2%
August	86.9%	72.1%	13.9%	21.3%
September	93.9%	71.0%	19.1%	19.8%
October	87.3%	75.4%	12.7%	14.1%
November	84.9%	79.6%	15.8%	11.8%
December	90.1%	69.0%	14.0%	19.3%
⊡ 2023				
January	87.0%	70.5%	21.2%	11.6%



As of July 1, 2020, the B.C. Coroners Service implemented a new expedited testing protocol that tests 21 drugs in a semi-quantitative manner and results are generated within a few days of samples being received. Samples from suspected drug toxicity deaths are sent for expedited testing and reported presumptively prior to completing confirmatory testing. The following substances are screened in expedited testing: fentanyl & analogues (acetylfentanyl, carfentanil, fentanyl, and norfentanyl), stimulants (cocaine (inc. cocaethylene, benzoylecgonine), methamphetamine/amphetamine, MDMA/MDA), Other opioids (6-monoacetylmorphine, codeine, hydromorphone, methadone (inc. EDDP), morphine, oxycodone), and benzodiazepines & analogues (alprazolam, etizolam, flualprazolam). The data includes only illicit toxicity deaths that have undergone expedited testing. The data is preliminary and subject to change as further toxicology results are received.



## Coroners Service Unintentional Illicit Drug Toxicity - Notes

Summary

BC

Age Group

Sex

**Health Authority** 

**Health Service Delivery** 

Local Health Area

Township of Injury

Place of Injury

**Drugs Involved** 

Fentanyl Detected

**Expedited Tox** 

Notes

Data up to end of Jan 2023.

Last refreshed 02 Mar 2023.

Inclusion Criteria: The illicit drug toxicity categories includes the following:

- · Street drugs (Controlled and illegal drugs: heroin, cocaine, MDMA, methamphetamine, illicit fentanyl, etc.);
- · Medications not prescribed to the decedent but obtained/purchased on the street, from unknown means or where origin of drug not known; and
- · Combinations of the above with prescribed medications.

#### Notes:

- 1. The BCCS operates in a live database environment. Some data for more recent years is based on preliminary circumstances and is subject to change as investigations are concluded. Data are not directly comparable to published counts from previous years.
- 2. Date of death was used in tables where date of injury was unknown.
- 3. Population estimates were taken from: https://www.bcstats.gov.bc.ca/apps/PopulationProjections.aspx
- 4. Health Region breakdowns can be found at: http://www2.gov.bc.ca/gov/content/data/geographicdata-services/land-use/administrative-boundaries/health-boundaries

Please submit a request to BCCS.Stats@gov.bc.ca for questions.

## FW: second OPS death

From Salpeter, Rebecca MMHA:EX s.15

s.15

To: Wall, Christie MMHA:EX < Christie.Wall@gov.bc.ca>, Murray, Jill MMHA:EX

<Jill.Murray@gov.bc.ca>, Davison, Carolyn J MMHA:EX

<Carolyn.Davison@gov.bc.ca>

Sent: March 7, 2023 9:40:06 AM PST

From: Massey, Christine MMHA:EX < Christine. Massey@gov.bc.ca>

Sent: Tuesday, March 7, 2023 9:36 AM

To: Sturtevant, Darryl MMHA:EX < Darryl.Sturtevant@gov.bc.ca>; Salpeter, Rebecca MMHA:EX

<Rebecca.Salpeter@gov.bc.ca>
SCcuebt: fyi: second OPS death

fyi

From: Holoiday, Leah GCPE:EX < Leah. Holoiday@gov.bc.ca>

Sent: Tuesday, March 7, 2023 9:34 AM

To: Massey, Christine MMHA:EX < Christine.Massey@gov.bc.ca>; Casanova, Tamara MMHA:EX

<<u>Tamara.Casanova@gov.bc.ca</u>>; Lee, Isabella MMHA:EX <<u>Isabella.Lee@gov.bc.ca</u>>; Wolfe, Seamus MMHA:EX <<u>Seamus.Wolfe@gov.bc.ca</u>>

j b: Wiman, Holly A MMHA:EX <Holly.Wiman@gov.bc.ca>; Khalaileh, Aygul GCPE:EX <Aygul.Khalaileh@gov.bc.ca>

**SCc uebt:** RE: Another Request

BCCS cannot share more details at this time. Here is what they said:

Because this death is under open investigation we're subject to a legislative prohibition on information sharing, so there's nothing else I can offer in terms of details at this point.

I've asked them to send an update once the investigation is wrapped.

Leah

From: Massey, Christine MMHA:EX < <a href="mailto:Christine.Massey@gov.bc.ca">Christine.Massey@gov.bc.ca</a>

Sent: Tuesday, March 7, 2023 9:17 AM

**To:** Casanova, Tamara MMHA:EX < <u>Tamara.Casanova@gov.bc.ca</u>>; Lee, Isabella MMHA:EX < <u>Isabella.Lee@gov.bc.ca</u>>; Wolfe, Seamus MMHA:EX < <u>Seamus.Wolfe@gov.bc.ca</u>>

j b: Wiman, Holly A MMHA:EX < Holly. Wiman@gov.bc.ca>; Holoiday, Leah GCPE:EX < Leah. Holoiday@gov.bc.ca>;

Khalaileh, Aygul GCPE:EX < Aygul. Khalaileh@gov.bc.ca >

SCc uebt: RE: Another Request

The Coroner's report actually cites 2 deaths, one in 2022 (covered by our IN) and another in 2023.

Leah – can the coroner's office provide more info on the second death?

## Fwd: Screen shot PSS Dashboard for January 2023

From: Davison, Carolyn J MMHA:EX <Carolyn.Davison@gov.bc.ca>

To: Wall, Christie MMHA:EX <Christie.Wall@gov.bc.ca>

Sent: March 7, 2023 5:54:44 PM PST

Attachments: image001.jpg

FYI there was a lessons learned re: death in OPS in October.

Get Outlook for iOS

From: Crabtree, Alexis [BCCDC] <Alexis.Crabtree@bccdc.ca>

Sent: Tuesday, March 7, 2023 5:38 PM

To: Carolyn.Davison@gov.bc.ca [EXT] < Carolyn.Davison@gov.bc.ca>

Subject: RE: Screen shot PSS Dashboard for January 2023

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Kara is who to ask about the dashboard (Loewen, Kara [BCCDC] kara.loewen@bccdc.ca).

Re: 911, % high severity has increased slightly but there's less missing data on severity, so it's tough to say the cause. I hope it's decrim leading to people calling! But if the deaths are up slightly, I think not. Plus, the 911 calls started increasing in November. And some of the indicators are more pronounced in VCH, which is not where you'd think the impact on stigma would have the highest effect.

There was a lessons learned review for the MHOs about the OPS death in October. I haven't heard where the 2023 death occurred yet.

Fraser previously approached us about using a database we have for data submission purposes. Ours is not suitable for that and we do not have capacity at this time to develop a database. However, we are very supportive of some conversations about OPS data (a) elements and (b) collection/submission process. I actually have a call in early April with Monty Ghosh about Alberta's SCS data elements to see if there are some lessons to learn. Some will likely still have to be paper-based, but I would love to see a system to streamline for sites that want electronic reporting.

Also had an interesting call with NH today about OPS barriers where an OPS WG was raised. So perhaps we can talk about that as well.

Evonne can support around my schedule this week. Definitely not tomorrow. Also I should let you know I will be on vacation Mar 15-24.

From: Davison, Carolyn J MMHA:EX <Carolyn.Davison@gov.bc.ca>

Sent: Tuesday, March 07, 2023 5:22 PM

**To:** Crabtree, Alexis [BCCDC] <Alexis.Crabtree@bccdc.ca> **Subject:** RE: Screen shot PSS Dashboard for January 2023

EXTERNAL SENDER. If you suspect this message is malicious, please forward to <a href="mailto:spam@phsa.ca">spam@phsa.ca</a> and do not open attachments or click on links.

Hi Alexis

One more thing. In Brooke's absence, is there someone who can recreate the December screen shot for opioid PSS but for January 2023 and send to me for internal purposes?

Thank you!

Carolyn

Carolyn Davison | Director | Overdose Evaluation & Monitoring | Overdose Emergency Response Centre | Substance Use Policy Division | Ministry of Mental Health and Addictions | PO Box 9672 Stn Prov Govt, Victoria, BC, V8W 9P1 | ph: 250-952-3674 c: 250-893-2330 | carolyn.davison@gov.bc.ca

Office Location:

1515 Blanshard St., 1st Floor

I respectfully acknowledge the land on which I work is the unceded, traditional, and ancestral homeland of the Ləkwəŋən Peoples, known today as the Songhees and Esquimalt First Nations.



From: Davison, Carolyn J MMHA:EX Sent: March 7, 2023 5:19 PM

To: Crabtree, Alexis [BCCDC] < <u>Alexis.Crabtree@bccdc.ca</u>> Subject: Screen shot PSS Dashboard for January 2023

#### Hi Alexis

Thank you for a great DOAP meeting today. I wonder if more people are calling 9-1-1 because they feel safer due to decrim or if the severity of the overdose meant a paramedic was needed – meaning higher toxicity in the unregulated drug supply?

Any more word from any of the MHOs about the recent second death at an OPS in 2023? I spoke with Tej Sidhu at BCCS this morning about the "death protocol" in the <u>OPS Guidelines</u> and the desire for MHOs to be notified as well in the event of a death at an OPS/SCS site (pp.49-50), the core data elements, and the importance of MHOs leading a "root cause analysis" process post death. I asked her what the BCCS was utilizing as a definition of OPS/SCS and she indicated she wasn't sure but that Coroners utilize a list of OPS/SCS locations previously provided by \$.22 (likely quite outdated now) and the site finder on Toward the Heart: https://towardtheheart.com/site-finder.

Are you aware of whether or not Mark Lysyshyn raised the death at an OPS in October with the other harm reduction MHOs? Re: Lessons learned, learnings for services offering observed inhalation, etc.?

Finally, Fraser Health raised today during our Regional Response Team meeting a desire for a provincial coordinated technological solution to collecting data on OPS/SCS across all health authorities similar to something like ImmsBC that would be simple for third-party providers to contribute data to instead of paper to Excel.

Hoping we can find some time this week to discuss further. Take care,

Carolyn

Carolyn Davison | Director | Overdose Evaluation & Monitoring | Overdose Emergency Response Centre | Substance Use Policy Division | Ministry of Mental Health and Addictions | PO Box 9672 Stn Prov Govt, Victoria, BC, V8W 9P1 | ph: 250-952-3674 c: 250-893-2330 | carolyn.davison@gov.bc.ca

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