

Harm reduction innovation during an overdose emergency

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Harm reduction aims to reduce the negative consequences of drug use in people unable or unwilling to stop.¹ Home to North America's first and only legal supervised injection site for over a decade, British Columbia (B.C.) has been considered a leader in the field.² But faced with increasing overdose deaths and a public health emergency due to an illicit drug supply contaminated with fentanyl, B.C. has had to innovate in response to the crisis.^{3,4}

When the public health emergency was declared in April 2016, legal supervised injection services were only being provided at two sites in Vancouver. Now, two years later, legal supervised injection services are being provided at three sites in Vancouver, two sites in Surrey, one site in Victoria, and by Interior Health via innovative mobile services in Kamloops and Kelowna.⁵ Although the vast majority of clients continue to consume drugs by injection, following Fraser Health's application to expand the modes of consumption that could be supervised, most services now offer supervised injection, oral, and intranasal consumption.^{4,6}

Even so, the process for establishing supervised consumption sites has not kept pace with community need. Following the lead of activists that set up "pop-up" supervised injection sites, the Government of B.C. issued an order allowing health authorities to establish Canada's first overdose prevention sites in December 2016.⁷ These are low-barrier services where clients can be monitored while using pre-obtained illicit drugs. They are typically operated in partnership with community agencies and without authorization from the federal government. As of March 31, 2018, 25 overdose prevention sites in B.C. had received 826,064 visits and reversed 5,386 overdoses with no deaths.⁸ The flexible model has led to innovative practices such as peer supervision and supervision of inhalation via an outdoor tent.⁹ It has also allowed Island Health to offer supervised consumption services in smaller communities such as Port Alberni and other agencies to target vulnerable populations such as women and people living in high-risk housing complexes.¹⁰⁻¹² Overdose prevention sites have since been established in other provinces and the federal government has created a process to authorize them.^{13,14}

Faced with a contaminated drug supply, Vancouver Coastal Health implemented the first legal drug-checking service in Canada. A one-year pilot at Insite, the first supervised injection site in North America, showed that drug-checking using test strips designed to test urine for fentanyl could prevent overdose by encouraging clients to reduce their dose.¹⁵ Since then, fentanyl drug-checking has been expanded across the province with calls for further expansion.¹⁶ More advanced drug-checking using an infrared spectrometer is also being evaluated by the B.C. Centre on Substance Use with health authority partners.¹⁷ Additionally, information about drugs is being shared with the drug-using community through a novel anonymous text-based, two-way messaging service called the RADAR network.¹⁸

The B.C. Centre for Disease Control established a provincial Take Home Naloxone program in 2012.¹⁹ The program, which provides training and kits containing naloxone, an antidote to opioid overdose, has been scaled up, distributing over 56,000 kits in 2017, with at least 14,000 kits used to reverse overdoses that year.^{20,21} The kits have also been used by community organizations to create innovative programs

such as Portland Hotel Society's "Spikes on Bikes" mobile overdose prevention and response service.²²

Building the capacity of peers and reducing stigma has been a focus in B.C.²³ Best practices for peer engagement and use of respectful language have been developed and peers in Vancouver can now obtain a "street degree" in overdose prevention at the Molson Learning Lab.^{24,25} However, many lack the scientific background to publish in peer-reviewed journals, leaving the scientific impact of many interventions undocumented.

Despite these innovations and others in the field of addiction treatment such as injectable opioid agonist therapies, preventable overdose deaths continue at an unacceptable rate. Now is the time for medical students and researchers to fight against stigma and turn their attention to studying the complex phenomena of drug use, overdose, and addiction if we are going to turn the tide on this devastating crisis.

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