



January 18, 2017

Office of the  
Chief Medical  
Health Officer

**Current Overdose Crisis and the Role of the Primary Care Provider**

Undoubtedly you have heard about the crisis that has swept through our region and BC. Overdose fatalities on the Island were 2-3 times higher for most areas of the region in 2016 over 2015, and have been on a steady increase over the past five years. Driven in part by fentanyl and its analogues, the travesty has affected patients, friends and families of many of us. The impacts are now being felt in communities throughout the Island and not just major centres. Increasingly, those who use substances are fearful that their next dose may have fatal outcomes. In the midst of this crisis there is opportunity.

Many addicted users are well known to the health care system and frequent users of a variety of health services. As such we all have a role to play in using interactions to open doors to recovery for them or at least reduce risk if they are unable to enter recovery at the time.

**Here are some practical actions:**

**Suboxone Prescribing:** Since July, physicians can prescribe suboxone (buprenorphine- naloxone combination) without the need for a federal exemption or detailed paperwork. Nurse practitioners may now renew suboxone prescriptions where patients have already been initiated. On-line training is available at <https://www.cpsbc.ca/programs/drug-programs/mmp/suboxone>, and several consulting services have been established to help mentor through the first client (list RACE <http://www.raceconnect.ca/>, Victoria and Nanaimo).

**Treatment Referral:** Users may seek assistance in accessing treatment. Experts often recommend initiating recovery in the community. Provincial guidelines may be available by early February. Referral to substance use programming can supplement other treatment <http://www.viha.ca/mhas/>. Recovery is an ongoing process and while relapses may occur frequently, maintaining a non-judgmental approach to working with patients is a key ingredient in the recipe for success.

**Naloxone Distribution:** Now widely available, both for patients who are at risk of an overdose or the families that care for them, be sure to have them seek naloxone. Available through Public Health Units, most mental health and substance use facilities and Emergency Departments. Some community agencies are able to provide training and kits. Some pharmacies have kits for purchase and can provide training.

**Prescribing of Narcotics:** A minority of habituated narcotic users became addicted following medical prescribing. Pain management in accordance to provincial and College guidelines <https://www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf> is expected.

**Advising Patients:** A non-judgmental approach begins with accepting patients where they are at currently. Some are not ready to change their habit, but can be supported through ensuring they are familiar with safer ways of using substances, not using alone, managing overdoses and reducing fear in calling for emergency services that can be lifesaving. Providing advice on accessing overdose prevention sites and advocating for such local services are further steps

**Supporting Youth and Young Adults in Making Healthier Choices:** Are young adults seeking medical services asked about substance use and counselled? For youth who are demonstrating early signs of misuse of substances, contact local resources available at <http://www.viha.ca/youth-substance-use/>.

In the midst of this crisis, all health care providers have a role to play in supporting their community, their patients and orphaned patients who desperately need a primary care provider to help them in their voyage to recovery.

Yours in Health,

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