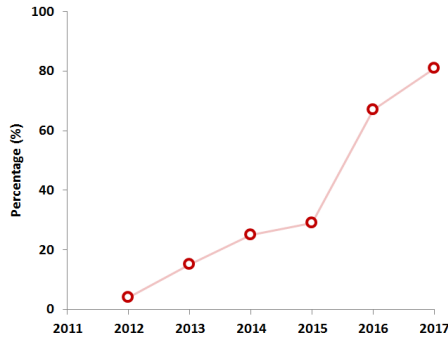


**BCTOX's Toxicology Surveillance of Drug Overdoses and Forensic Toxicology in BC (i)  
 MARCH 2018**

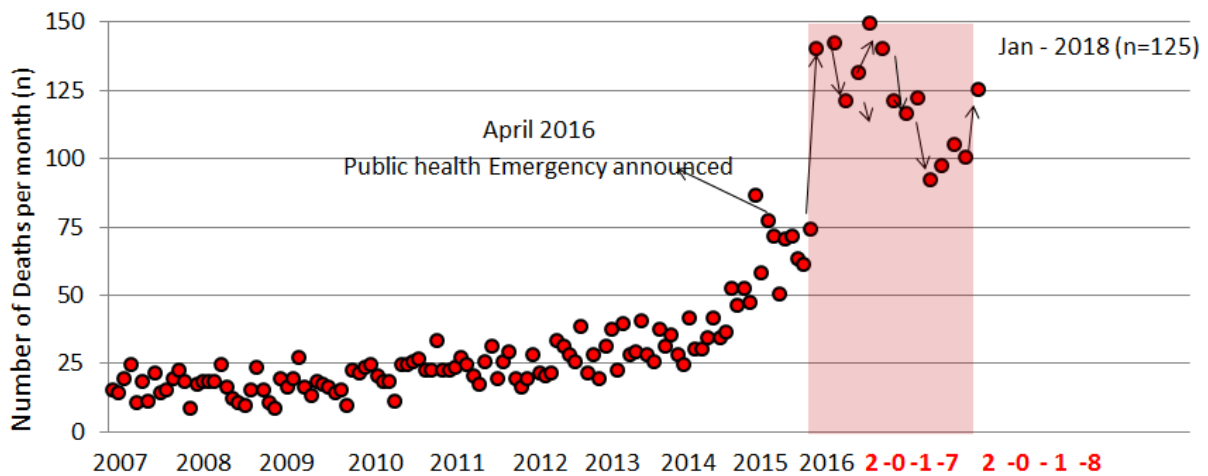
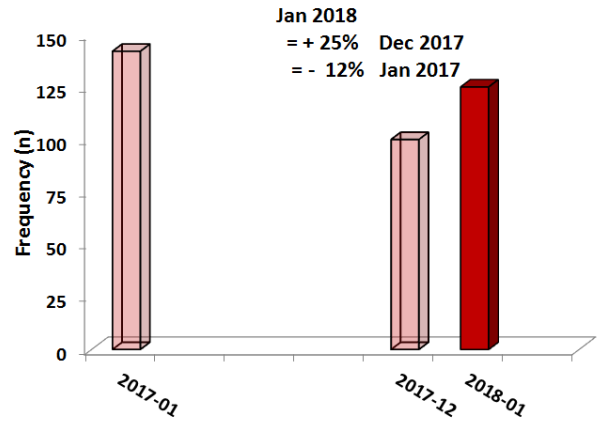
**Fentanyl Detected Illicit Drug Overdose Deaths in BC  
 (2012- 2017 July)**

Data from (BC Coroners Service 2017-12-31) - ] (accessed Feb 20, 2018) [BCTOX graph]



**Estimation of Illicit drug overdose attributed deaths in BC  
 in Jan 2018 (accessed Mar 26, 2018)**

The number of Illicit drug overdose deaths in Jan 2018 was 125 (Data from BCCoronersService 2018-03-06), which is 12% lower than Jan 2017 and 25% higher than last month (accessed Mar 26, 2018) [BCTOX graph]



Illicit drug overdose deaths per month in BC (2007 to December 31, 2017) [Data from BCCoronersService 2018-01-31]. [BCTOX graph] The pattern of overdose deaths suggests that the sharp increase in deaths has reached a plateau, and gradually decreasing. (accessed Feb 20, 2018) [LAST UPDATE]

[\(Read more\)](#)

## Opioid Refugees

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Enforcing regulation to avoid over prescription of opioids is a good policy to be taken – this a fact! - but are there any potential consequences?

### Q1. What would happen if some regulation was enforced to avoid “prescribing opioids” in BC?

- Patient desperation looking for other physicians who prescribe opioids increases.
- Patient desperation looking for cheaper and more accessible street drugs would increase.

Decreasing the prescription rate of opioids could lead to the creation of a cohort of drug users described as “opioid refugees”, a term that has emerged in 2018.<sup>1 2 3</sup>

Consequently;

- As a result there would be more pressure on physician that are still prescribing opioids.
- Street drugs may increase the risk of overdose.
- The more severe the symptoms, the higher the risk of street drug use due to higher pain (figure 1)

Although the superiority of treatment with opioids to treatment with non-opioid medications for improving pain-related function as recently been questioned.<sup>4</sup>

Ethical challenges may also rise if patients with chronic pain who have been denied prescribed opioids and subsequently suffer.

There are reports that some patients left without other treatment options, and feeling that the anti-opioid push has gone too far.<sup>1</sup>

The size of the problem is considerable and could disproportionately affect First Nation Populations as drug overdose is reported to be 5 times higher in First Nation Populations.

It may, in particular, affect female First Nation Populations as relatively speaking drug overdose is more common among them as compared to females in the general public. [In addition, it could also be the case that female cases seek relatively more on prescription opioids as compared to street drugs for the abuse as compared to male subjects.

*Let’s do not forget the potential “Replaced Risks”, when making decisions!*

### Conflict of interest

None.

--- Views presented here could be considered controversial in light of lack of hard evidence.

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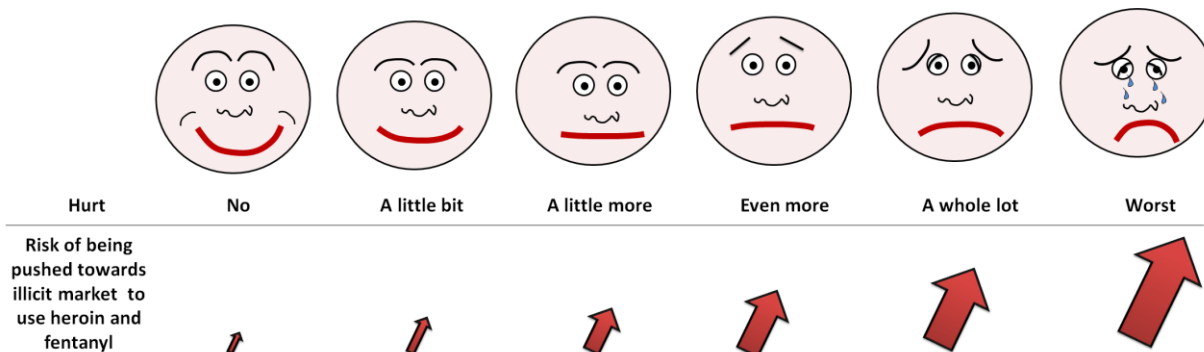


Figure 1. Patient with chronic pain who has denied prescribed opioids may suffer, which may push them towards using street drugs including heroin and fentanyl. [scheme was in part developed based on reference <sup>1</sup>]