



## Understanding the Implications of Dual Public Health Emergencies

December 2020

### Background

In April of 2016 then Provincial Health Officer, Dr. Perry Kendall, declared the opioid crisis a public health emergency. This was due largely to the increase in overdose deaths in 2015 and 2016. Numerous measures were put in place during this crisis. These included increases in funding in areas of harm reduction and mental health services, the development of overdose prevention sites and other community-based initiatives coupled with de-stigmatizing and life-saving interventions around substance use. While deaths still occurred, these interventions proved beneficial as the number of deaths due to overdose had been decreasing over time, community-based interventions were supporting people who use substances, and our collective thinking and understanding of the opioid crisis was progressing. These progressive steps include normalizing language and perspectives around those who use substances. This is not to say it was beyond reproach, but conversations were occurring and 'real work' commenced in order to address the devastating impacts of the opioid crisis. Then in March of 2020 the World Health Organization declared a pandemic and in turn BC declared COVID-19 a second public health emergency on March 18, 2020.

Since the start of the COVID-19 pandemic overdose deaths have been increasing steadily. The COVID-19 pandemic has contributed to this alarming rise because of an increasingly toxic drug supply and a higher incidence of people using drugs at home due to physical distancing guidelines, to name two key factors. While efforts are being made to reduce this number of deaths, the fact remains that lives are being lost to a crisis that is only worsening as we grapple with COVID-19 and the realities of competing resources and priorities during complex dual public health emergencies.

The public health orders in place that limit the number of people gathered in spaces, promote physical distancing and that require us to change the way in which we interact with other people for the purposes of stopping the spread of COVID-19 are important measures. There is no doubt that these have been developed in an effort to keep rates of growth of COVID-19 'low and slow' while at the same time allowing aspects of our economy and lives to continue. While nurses certainly respect these public health orders and encourage and promote compliance with these evidence-based approaches, COVID-19 has amped the risk of harm for those who use substances by not only by increasing the number of overdoses but also by increasing "...the risk of infection and spread of infection among those with underlying health conditions and who face social marginalization, and risks due to withdrawal for those who must self-isolate or quarantine to prevent the onward spread of COVID-19."<sup>i</sup>

As noted since the declaration of the opioid crisis as a public health emergency, a variety of measures have been put in place to address the toxic drug supply. Notably and most recently in September 2020 the expansion of the number of health professionals who are authorized to prescribe safer alternatives to a toxic street drug supply that includes Registered Nurses and Registered Psychiatric Nurses (Nurse Practitioners previously had this ability). <sup>ii</sup> While there is work to be undertaken in order to roll this increased prescriptive authority out safely with the appropriate and necessary education, the September 2020 public health order has cleared the way for additional interventions that will save lives and provide opportunities for ongoing care and treatment. It is nurses who will be at the forefront of ensuring that these harm reduction initiatives help us combat the deadly toll the opioid crisis has taken while we also focus on managing COVID-19.

### Key Messages

- Nursing's reputation as the world's most trusted profession is based on its long history of working with the most vulnerable populations, often in times of crisis.
- Nurses have a responsibility to protect and advocate for at risk populations, such as those who use drugs.



- Since the start of the COVID-19 pandemic overdose deaths have been increasing steadily.
- Dual public health emergencies have led to an increasingly complex public health approach which has had to balance the need for harm reduction services and COVID-19 safety protocols.
- The COVID-19 pandemic has contributed to this alarming rise because of an increasingly toxic drug supply and a higher incidence of people using drugs at home due to physical distancing guidelines.
- Nurses are at the forefront of ensuring that these harm reduction initiatives help us combat the deadly toll the opioid crisis has taken while we also focus on managing and stopping the spread of COVID-19.

### Further Reading/Resources

- [BCCSU](#)
- [BCCSU Risk Mitigation in the Context of Dual Public Health Emergencies](#)
- [BCCDC- Resources for health professionals](#)
- [BCCDC Overdose Response Reports](#)
- [BC Coroner's Reports- Illicit Drug Toxicity Deaths](#)
- [NNPBC Issues Brief- Safe Supply](#)
- [BCCSU Statement for Nurses on Dual Public Emergencies](#)

Please feel free to direct questions and additional comments to [info@nnpbc.com](mailto:info@nnpbc.com).

---

<sup>i</sup> [BCCSU Risk Mitigation in the Context of Dual Public Health Emergencies](#)

<sup>ii</sup> [New public health order to help slow B.C.'s overdose crisis](#)