

Local impact of substance use, community response and harm reduction

Background on opioids

- **Opioids are psychoactive drugs often prescribed for pain management.**
- **Prescription versus illicit opioids**
- **Naloxone is a medication that temporarily reverses an opioid overdose**
- **Importance of addressing opioids using an evidence-based approach**
- **Opioids are not the only drug of concern in our community**

Role of Public Health in Community Opioid Response

A multi-faceted approach is needed to address opioids in our community, with many diverse partners working together.



Public Health works with community partners to support an evidence-informed community response:

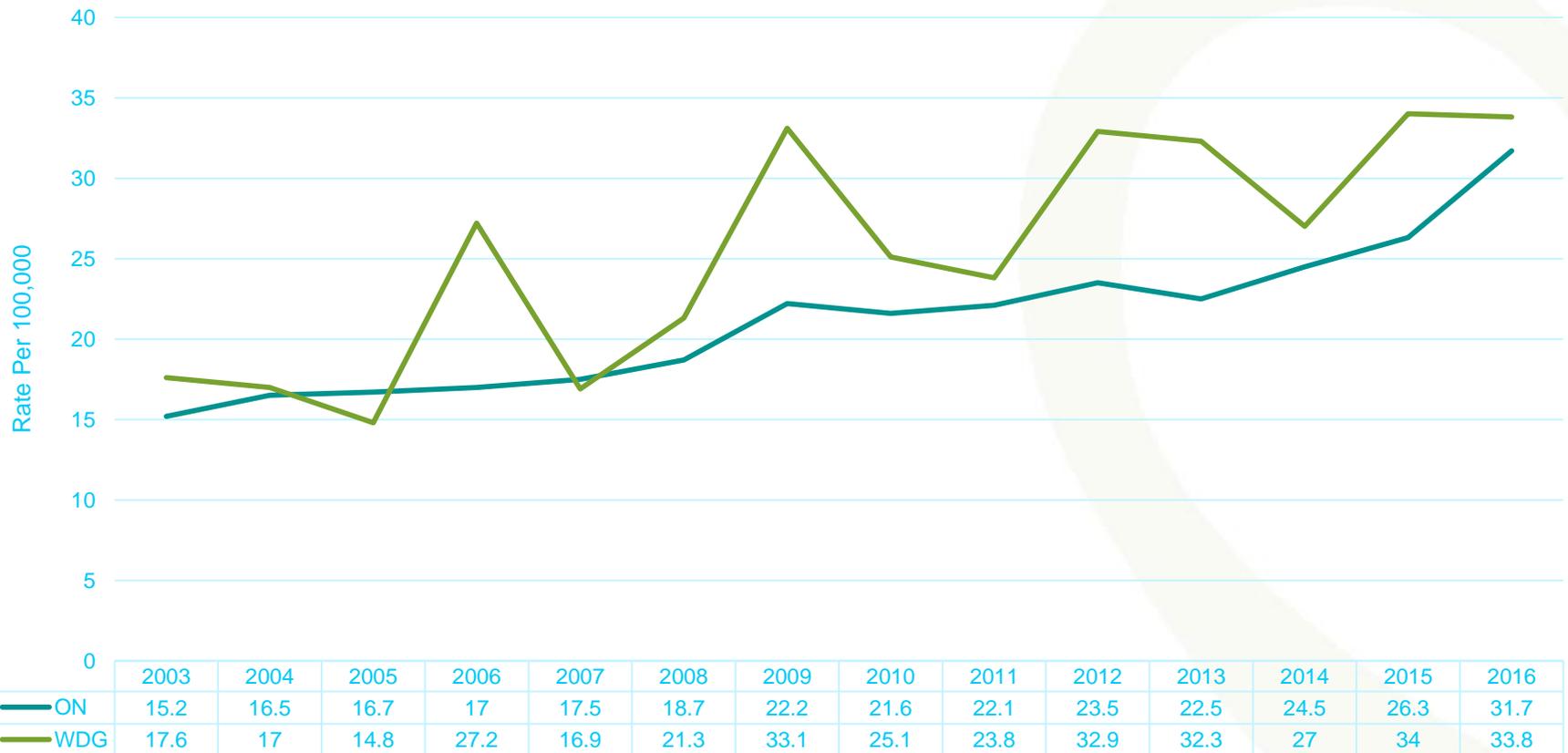
Surveillance

Community
Mobilization

Harm
Reduction

Surveillance

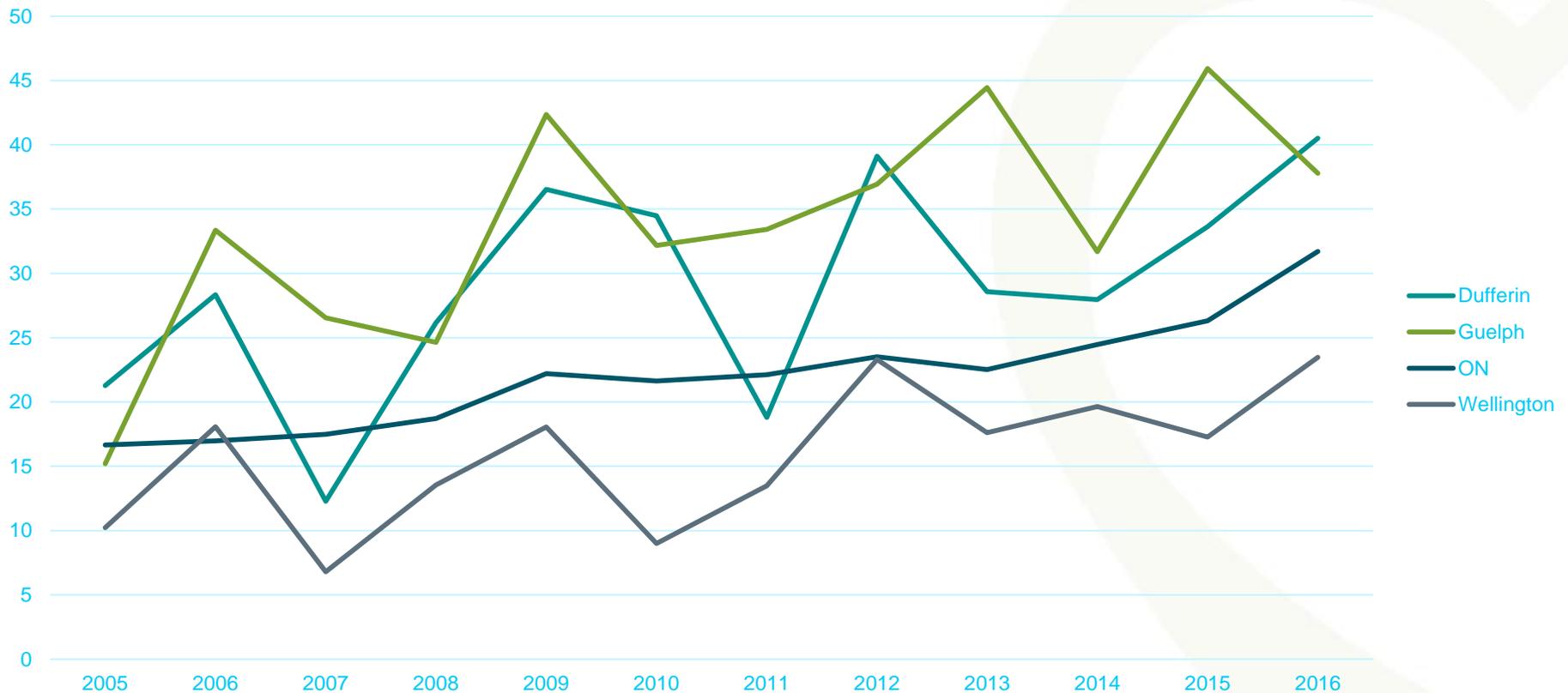
Rate per 100,000 Residents of Opioid-Related Emergency Department Visits in Wellington-Dufferin-Guelph Compared to Ontario, By Year, 2003-2016



Source: Public Health Ontario Interactive Opioid Tool;
<https://www.publichealthontario.ca/en/DataAndAnalytics/Pages/Opioid.aspx#/trends>; accessed 08Dec2017

Surveillance

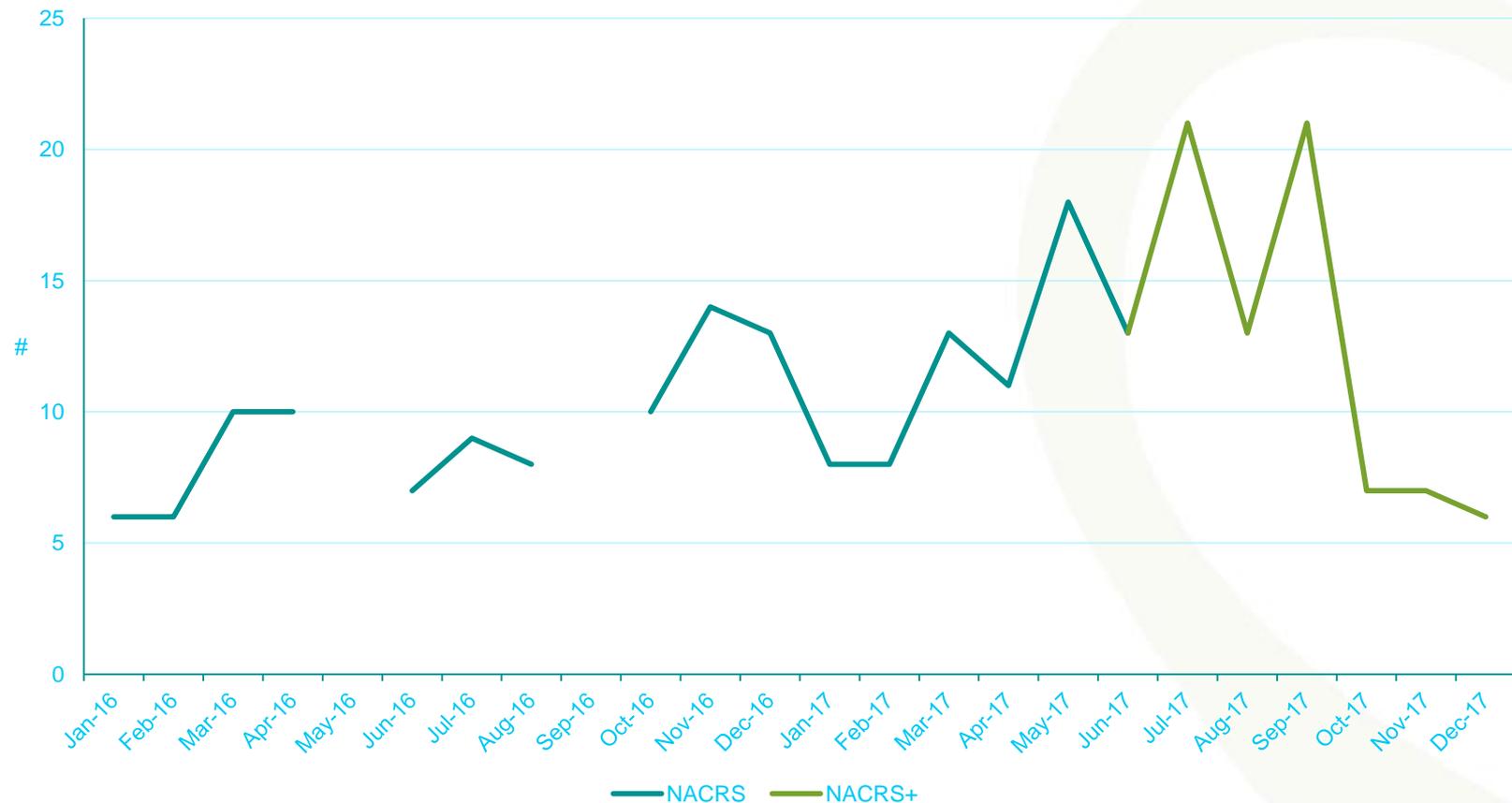
Rate per 100,000 Residents of Opioid-Related Emergency Department Visits in Wellington, Dufferin, Guelph, and Ontario from 2005 through 2016



Source – National Ambulatory Care Reporting System (NACRS) downloaded 19Sept2017; Public Health Ontario Interactive Opioid Tool <https://www.publichealthontario.ca/en/DataAndAnalytics/Pages/Opioid.aspx#/trends>; accessed 12Oct2017; population counts from the Ministry of Finance, based on the 2011 Census <https://www.fin.gov.on.ca/en/economy/demographics/projections/>

Surveillance

of ED Visits for Opioid Poisoning, by Month, in Wellington-Dufferin-Guelph (2016-17)



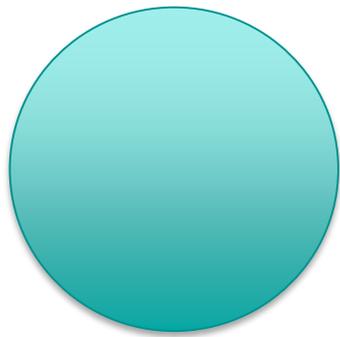
Source – NACRS+ - National Ambulatory Care Reporting System (NACRS), accessed 09January2018 via MOHLTC

Note - These data are collected as part of the MOHLTC weekly reporting initiative, and so should be considered preliminary and subject to change as emergency departments continue to submit data

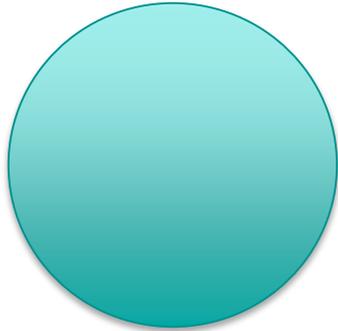
Community Mobilization & Evidence-Informed Planning



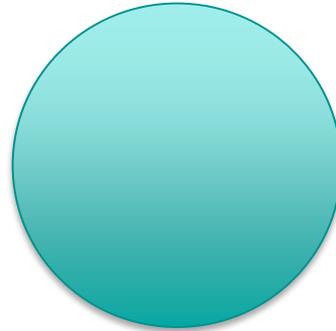
- **Public Health provides research and evidence to support community partners**
- **Conducted a review of research and best practices**
 - **What are the most effective strategies and programs for decreasing drug poisonings (overdoses) in a community?**



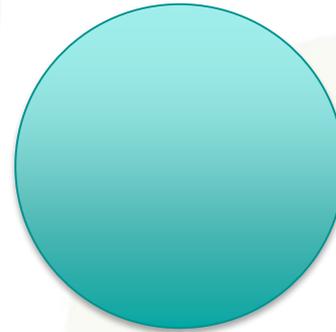
Lower risk
of using



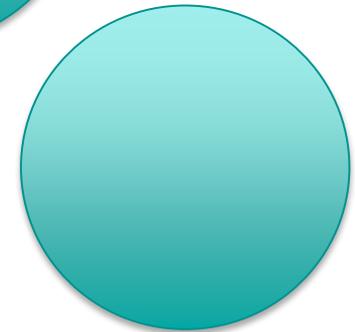
Higher risk
of using



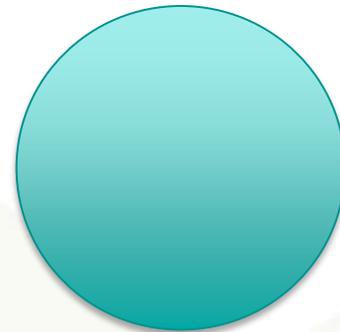
Using
opioids



Higher risk
of poisoning



Opioid
poisoning



Managing
opioid use/
in recovery

BEST PRACTICE AND RESEARCH EVIDENCE

- Interventions to reduce opioid poisonings can be grouped according to individuals use and experience with opioids



Lower risk
of using



Higher risk
of using



Using
opioids

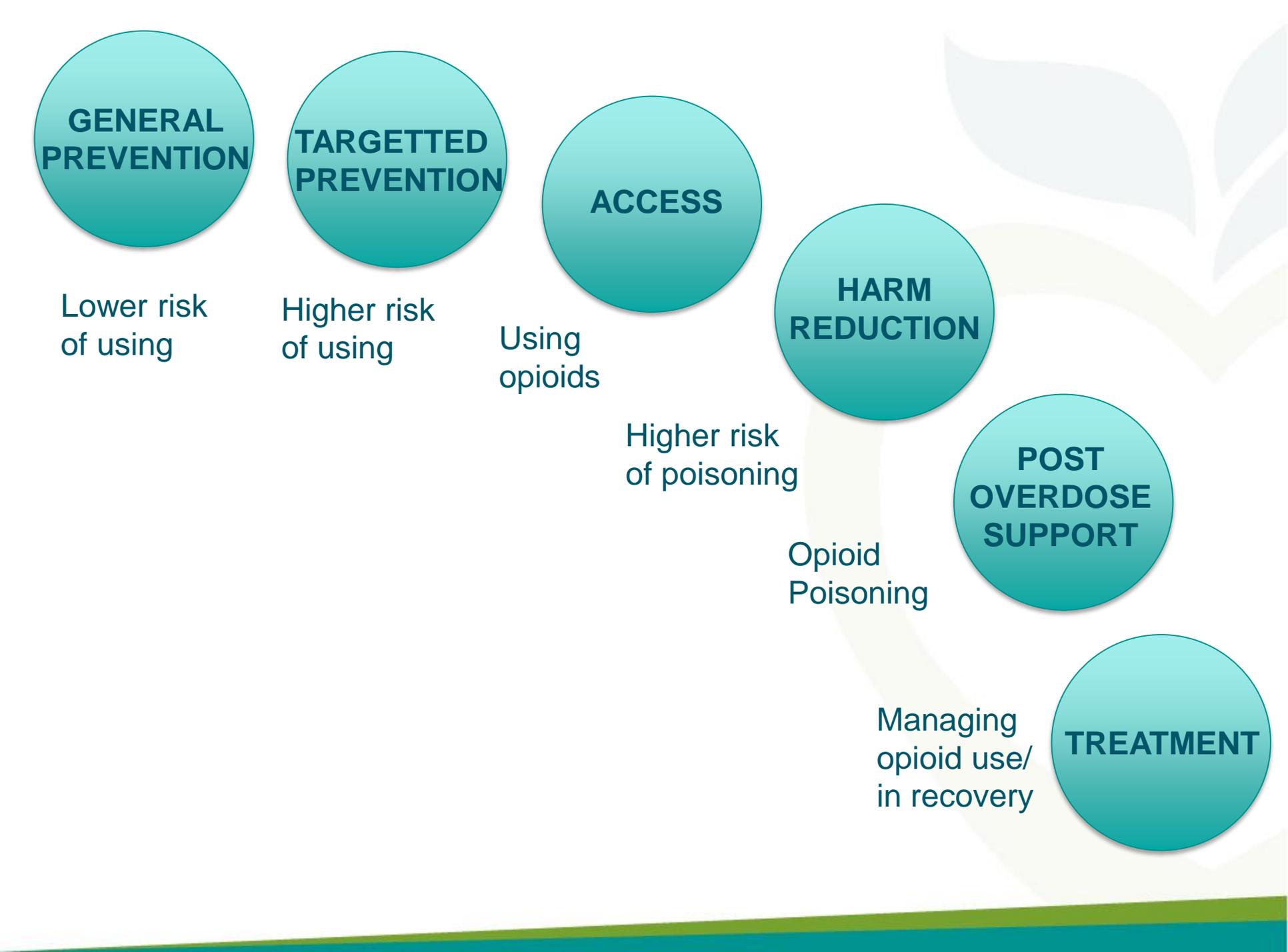


Higher risk
of poisoning

Opioid
Poisoning



Managing
opioid use/
in recovery



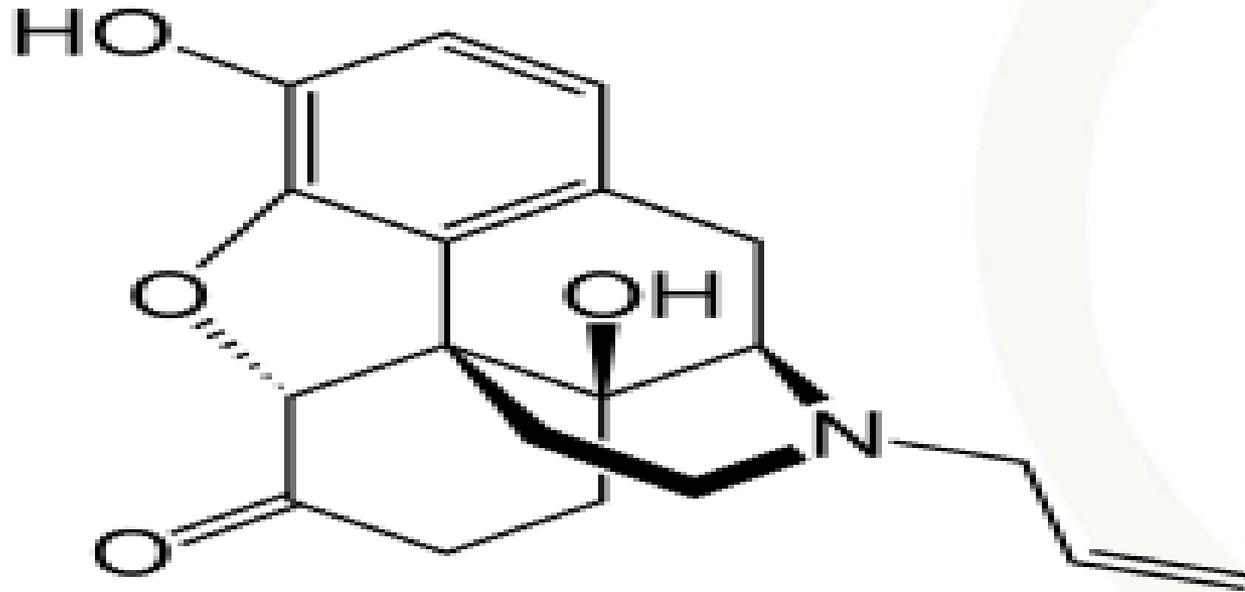
Community Mobilization & Evidence-Informed Planning

- In partnership with the Wellington Guelph Drug Strategy and community partners, WDGPH is planning a needs assessment with people who use drugs (in Guelph)
 - How can we best support the safety and wellbeing of people in our community who use drugs?
 - Gain a better understanding of substance use behaviours
 - Identify gaps/needs in services and programs

Harm Reduction



NALOXONE



AGENDA

- HARM REDUCTION
- OVERDOSE
- HOW DOES NALOXONE WORK
- DISTRIBUTION
- ACCESS
- TRAINING



WHAT IS HARM REDUCTION?

A position statement from Harm Reduction International

Harm Reduction refers to policies, programmes and practices that aim to reduce harms associated with the use of psychoactive drugs in people unable or unwilling to stop

The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs

<https://www.hri.global/what-is-harm-reduction>

INTENT OF HARM REDUCTION

- Keeping people alive
- Preventing blood borne infections
- Reducing risk of overdose
- Reducing infections: bacterial, abscess etc.
- Primary focus should be to establish an honest, trusting caring relationship

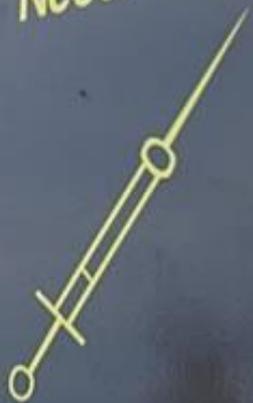


Do not
deposit
containers
larger than
TWO LITRES.



NEEDLE DISPOSAL BOX

Needles & syringes ONLY please



No
Garbage

KEY COMPONENTS OF HARM REDUCTION

- **Education to individual and the community**
- **Supplies**
- **Shelter**
- **Food**
- **Counselling and treatment/ withdrawal management**
- **Abstinence**

HARM REDUCTION WDGPH

- **Confidential counselling, support and referrals to appropriate resources**
- **Clean needle exchange /sharps disposal kiosks**
- **New needles, sterile water, alcohol swabs, filters, cookers, acidifiers, tourniquets, pipes, stems, pipe screens, latex condoms and lubricant**

DEAD ADDICTS
DON'T
RECOVER

OVERDOSE

- Taking too much of a drug for the body to handle
- An interaction between two or more drugs. Creating different effects or enhancing/blocking the effects of other drugs



**KEEP
CALM
AND
CARRY
NALOXONE**

Nigel Brunsdon

HOW MUCH FENTANYL DOES IT TAKE TO **OVERDOSE?**



THIS MUCH.

As little as the equivalent
of two grains of salt could
be enough to be fatal.

REDUCING RISK OF OVERDOSE

- **Avoid using alone**
- **Avoid mixing drugs including alcohol**
- **If you're using after a period free of use-
“start low and go slow”, change route from IV
to oral or smoking**
- **Use a test dose to ensure your substance
isn't stronger than you anticipated. Do you
know your dealer? Has your dealer changed?
Is there a change in supply?**
- **Carry naloxone. Tell your family and friends
about it**

Opioid Overdose Signs And Symptoms

• Breathing
will be slow
or gone



• Lips and
nails are blue



• Person is
not moving



• Person may
be choking



• You can hear
gurgling sounds
or snoring



• Can't be
woken up



• Skin feels cold
and clammy



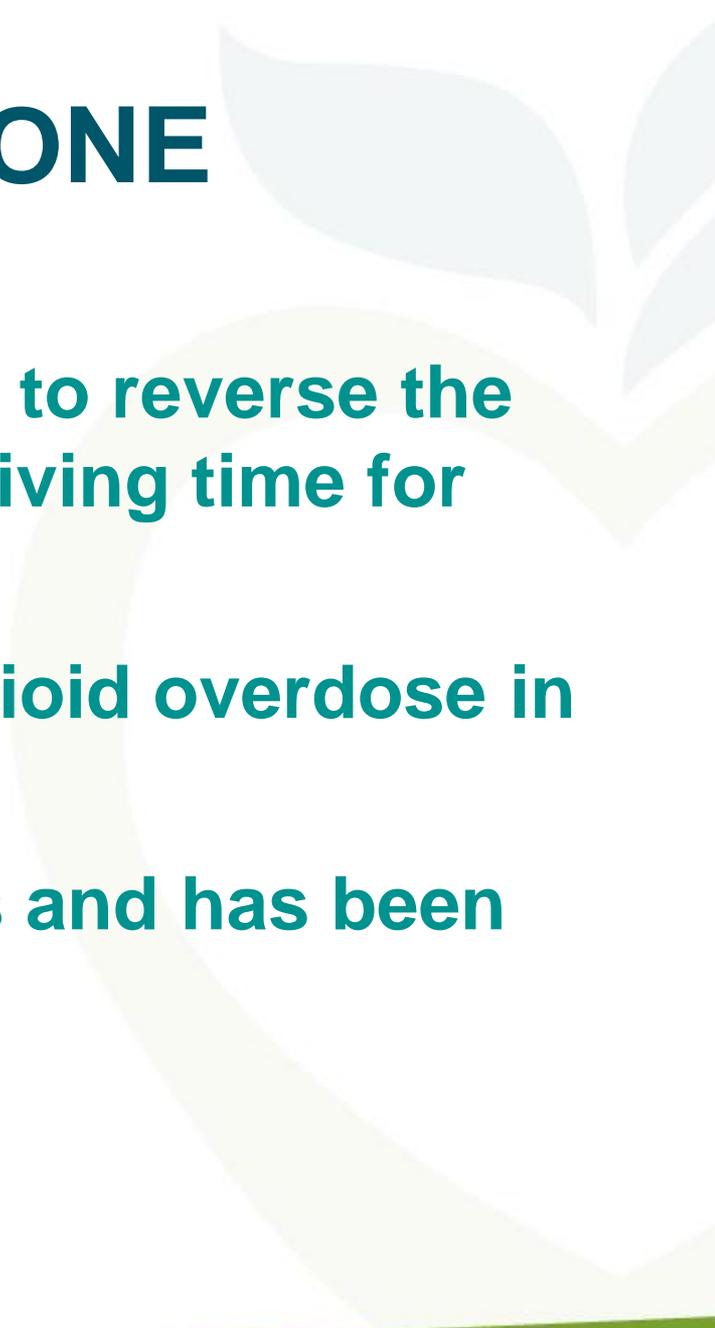
• Pupils
are tiny



OHRDP

© 2014 Ohio Health Resources Development Program

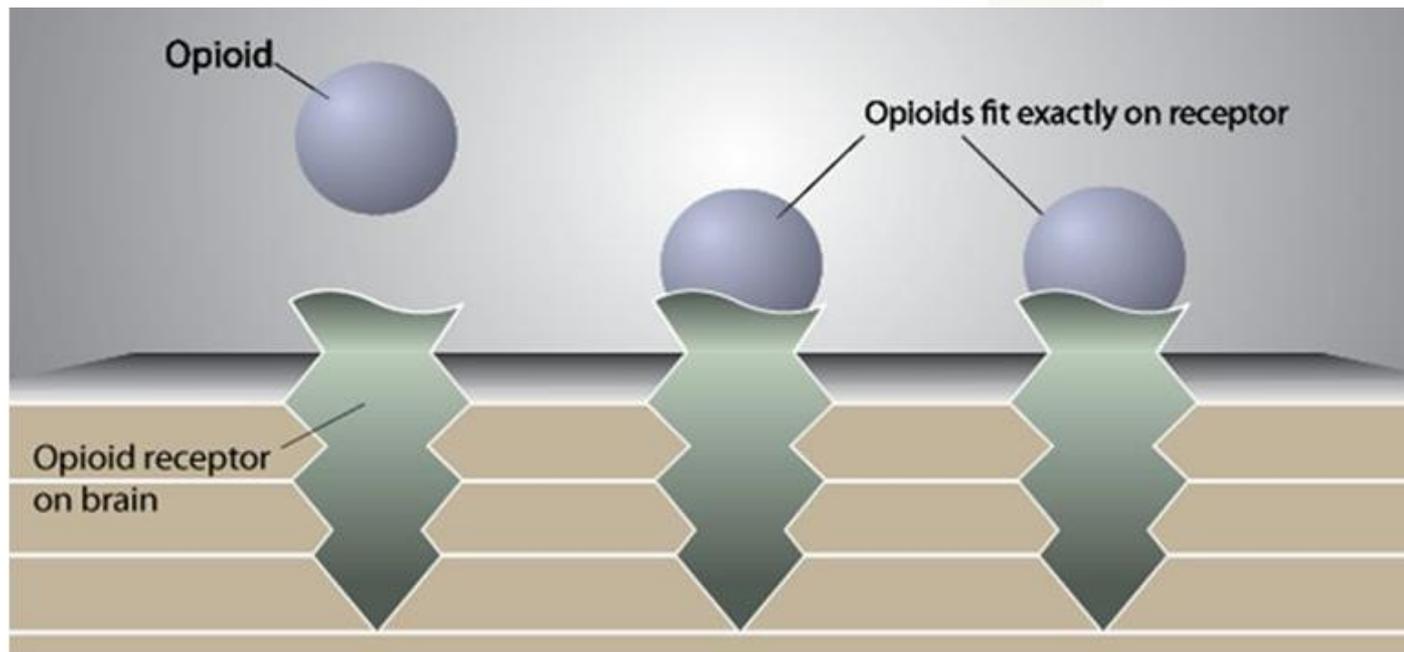
WHY NALOXONE



- **Naloxone temporarily works to reverse the effects of opioid overdose giving time for first responders to arrive**
- **Naloxone is used to treat opioid overdose in an emergency situation.**
- **Has no negative side effects and has been safely used since the 1960's**

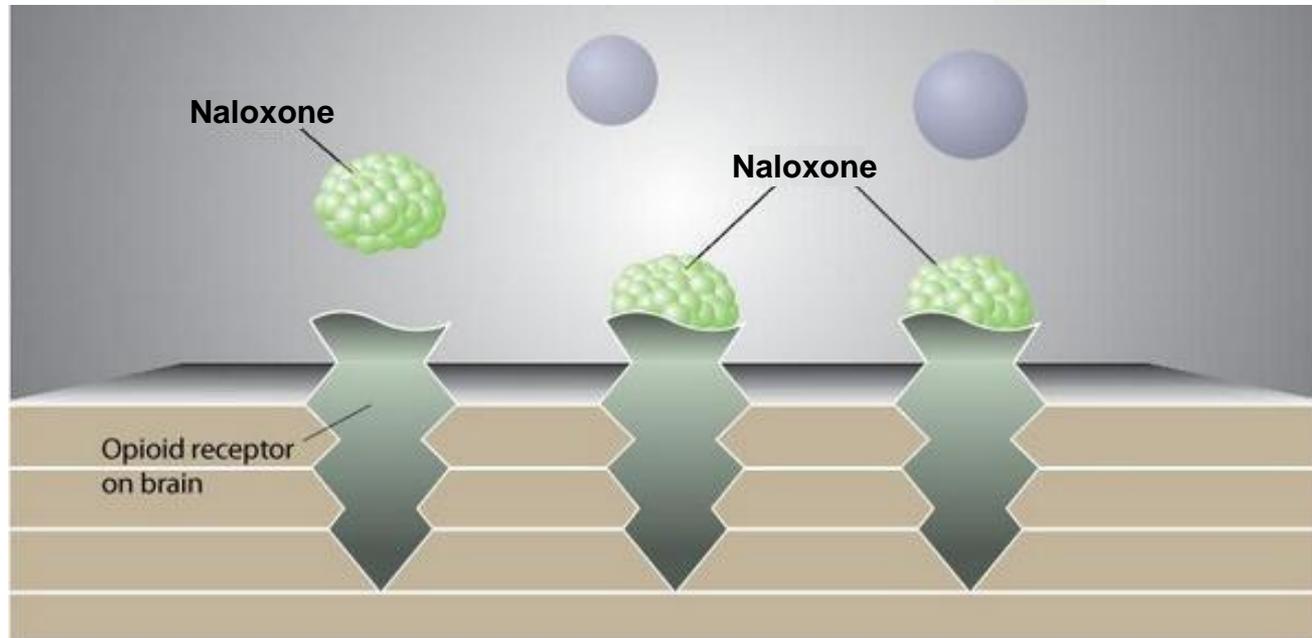
WHAT IS AN OPIOID OVERDOSE?

The brain has many receptors for opioids. An Overdose occurs when too much of an opioid, such as heroin or Oxycodone, fits in too many receptors, slowing and then stopping breathing.



NALOXONE REVERSING AN OVERDOSE

Naloxone has a stronger affinity to the opioid receptors, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.



DISTRIBUTION EXPANDED

2017 PH signed contract with the MOHLTC to distribute naloxone directly to:

- **Those who use opiates, their friends/family and people recently released from a correctional institution.**
- **Public Health can now train and distribute naloxone to community health centres, shelters, correctional facilities, withdrawal management programs and outreach agencies.**

Last month naloxone kits became available to police and fire services in case of exposure.

TARGET POPULATION FOR DISTRIBUTION OF NALOXONE

- People who use Opioids or those with a history of Opioid use
- Recently released inmates
- Peers, friends and family of people who use Opioids
- Community Health Centres
- ASO's
- Shelters
- Outreach programs
- Withdrawal Management Programs

RISK TO YOU IF YOU HELP?

- **You cannot be exposed to drugs by having powder on your skin**
- **Of the 1200 + opioid related calls that first responders attended in the last two years none were accidental exposure**
- **Accidental exposures have happened in the USA with large quantities of pure fentanyl**

WHO SHOULD CARRY NALOXONE

- **Someone who currently uses opiates**
- **A past opiate user at risk of returning to opiate use**
- **Clients of needle exchange programs**
- **Friends and family members of these clients**
- **Recently released inmates**
- **Program staff- shelters, withdrawal management, ASOS, Community Health Centres, Outreach**
- **Police officers**
- **Firefighter**
- **Paramedics**
- **First responders**

HOW CAN I ACCESS NALOXONE

- **Public Health Offices**
- **ARCH**
- **Sanguen**
- **The Community Health Van**
- **StaySharp at GCHC**
- **Wellington Dufferin Guelph PH website to obtain a list of pharmacies dispensing injectable Naloxone.**

<https://www.ontario.ca/page/where-get-free-naloxone-kit>



**NARCOTIC
OVERDOSE**

**NALOXONE
DISPENSING PHARMACY**

HOW CAN AGENCIES DISTRIBUTE NALOXONE TO CLIENTS

Training through PH

“Train the trainer” approach

Must meet eligibility requirements

- Outreach locations
- Shelters
- Aids Service Organization
- Community Health Centres
- Withdrawal management
- Many calls from schools- refer them to PH, ARCH, Sanguen

TRAINING FOR YOUR ORGANIZATION?

- **Naloxone trainers must be certified through WDGPH process**
- **All trainers must complete in full, agency documentation including participant forms and naloxone kit inventory tracking forms**
- **Enrollment and memorandum of understanding between PH and X Agency must also be completed**

LOOKING TO BOOK A TRAINING SESSION

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QUESTIONS

