Educating a Workforce: "Building on Best Practice: Working Through the Overdose Emergency"

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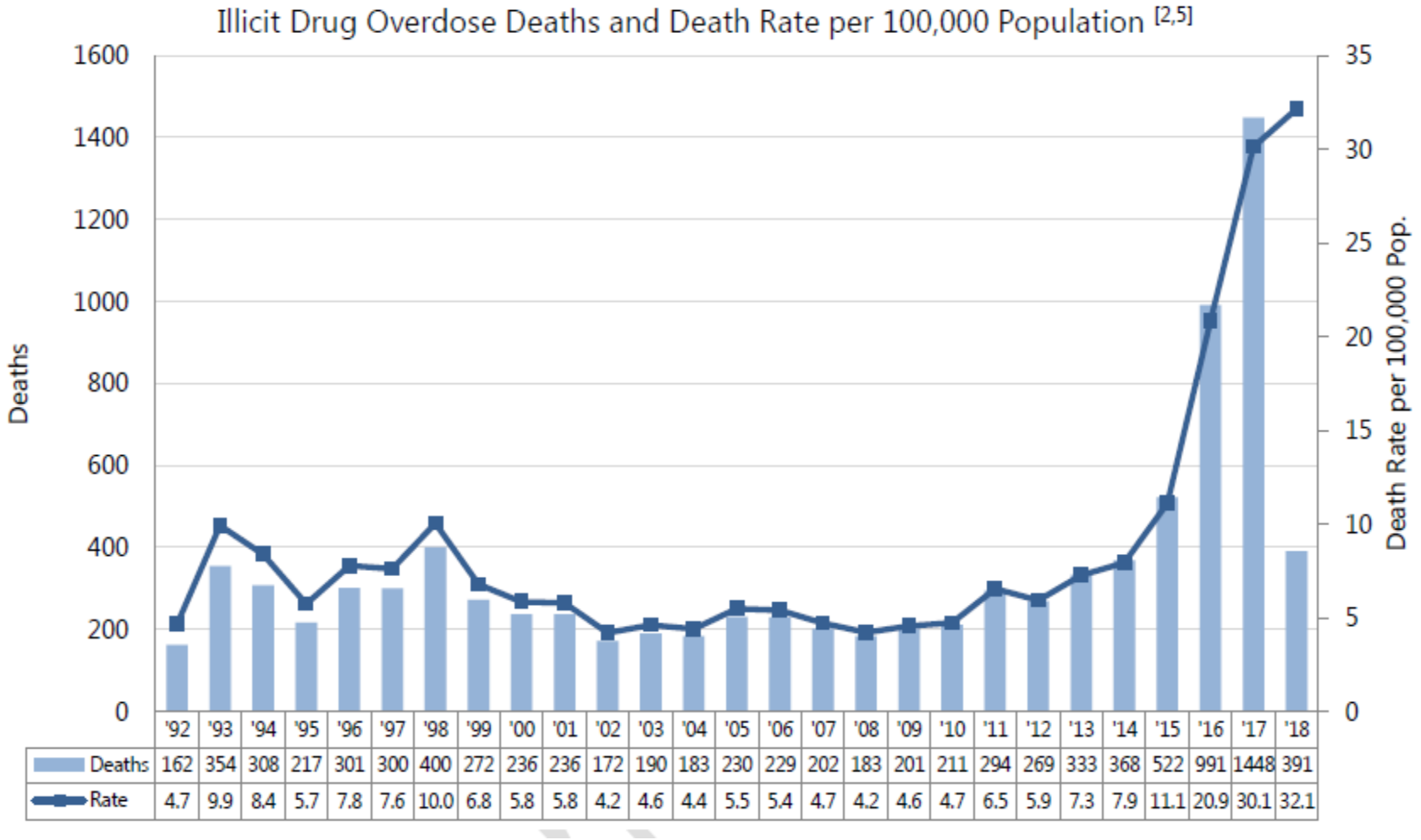
Acknowledgement

I would like to recognize and acknowledge the traditional and unceded territory of the Kanien'kehá:ka (Mohawk) Nation, whose lands we are learning, collaborating, and working together on.

BC Overdose Emergency



	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	'17	'18
Deaths	162	354	308	217	301	300	400	272	236	236	172	190	183	230	229	202	183	201	211	294	269	333	368	522	991	1448	391
Rate	4.7	9.9	8.4	5.7	7.8	7.6	10.0	6.8	5.8	5.8	4.2	4.6	4.4	5.5	5.4	4.7	4.2	4.6	4.7	6.5	5.9	7.3	7.9	11.1	20.9	30.1	32.1

BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2007 – March 31, 2018.
Data are preliminary and subject to change.

Interior Health Authority

Illicit Drug Overdose Deaths by Health Authority, 2008-2018[2,4,6]

HA	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Interior	22	35	37	38	31	54	47	63	166	240	43
Fraser	65	58	86	115	104	106	126	208	331	481	74
Vancouver Coastal	47	69	52	81	72	95	119	158	280	435	57
Vancouver Island	43	33	23	44	44	59	55	66	165	232	45
Northern	6	6	13	16	18	19	21	25	51	58	9
BC	183	201	211	294	269	333	368	520	993	1,446	228

Illicit Drug Overdose Death Rates by Health Authority per 100,000, 2008-2018[4-7]

HA	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Interior	3.1	4.9	5.2	5.3	4.3	7.5	6.4	8.5	22.5	32.0	34.4
Fraser	4.2	3.7	5.3	7.0	6.2	6.3	7.4	12.0	18.5	26.6	26.3
Vancouver Coastal	4.4	6.3	4.7	7.3	6.4	8.4	10.4	13.7	23.9	36.9	36.9
Vancouver Island	5.9	4.5	3.1	5.9	5.8	7.8	7.2	8.6	21.2	29.7	36.8
Northern	2.1	2.1	4.6	5.7	6.3	6.6	7.3	8.8	18.2	20.5	30.8
BC	4.2	4.6	4.7	6.5	5.9	7.3	7.9	11.1	20.9	30.1	32.1

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Gaps Identified

- Lack of existing training sufficient to support multi-disciplinary frontline staff and share new information
- Lack of training opportunities for staff in rural and remote settings
- Disconnect between best practice or evidence based interventions and current practice
- Effects of the overdose emergency on frontline staff

Curriculum Developed – 4 Key Streams

Overdose Response

- To increase knowledge and competency of staff in the distribution of and administration of naloxone in overdose situations

Harm Reduction Philosophy & Practice

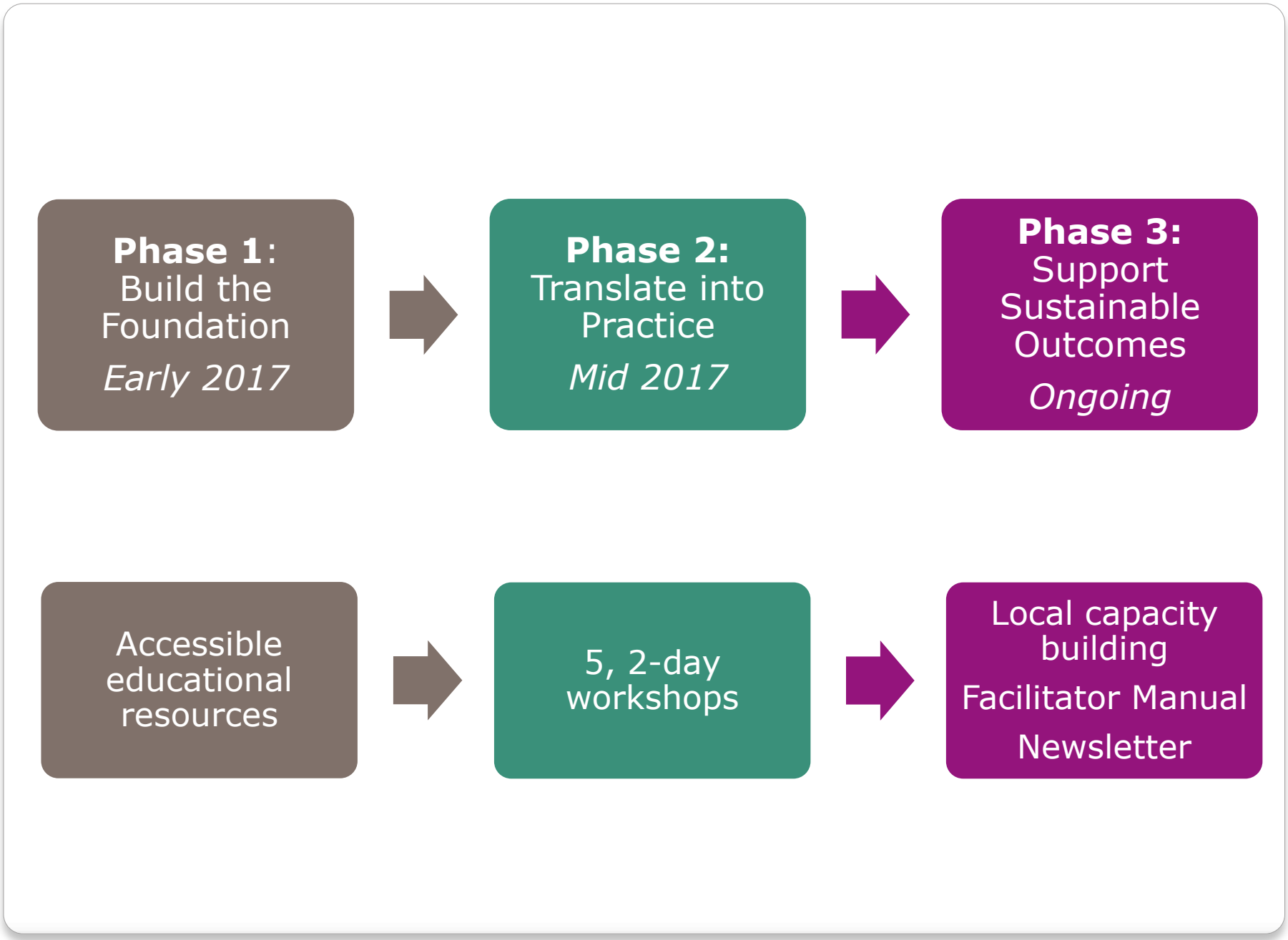
- To increase knowledge about core harm reduction principles, strategies, and supplies to increase staff capacity to provide services for people who use drugs

Opioid Agonist Treatment Guidelines

- To educate staff and provide resources for client education regarding newly released treatment guidelines for opioid dependence

Resiliency & Compassion Fatigue

- To enhance knowledge, support, and resilience of staff constantly responding in this crisis situation through education around vicarious trauma and compassion fatigue.


Phase 1: Build the Foundation
Early 2017
Phase 2: Translate into Practice
Mid 2017
Phase 3: Support Sustainable Outcomes
Ongoing
Accessible educational resources
5, 2-day workshops
Local capacity building
Facilitator Manual
Newsletter

Sample Activity

HR Principles Discussion (45 mins)

- Break into groups of 6
- Facilitators float to keep groups on track
- Each group gets a principle to discuss. Use the questions on the card to guide the discussion <u>15 minutes to discuss</u>
- Looking to have the participants explore their understanding of **applying** the principle to practice, policy, or program
- Report back to large group

Harm Reduction Practice Principle:

Focus on Human Rights

What does this principle look like "in action"?

How do we acknowledge an individual's right to self-determination, and come from a place of neither condemning nor supporting the use of substances?

What else can we be doing?

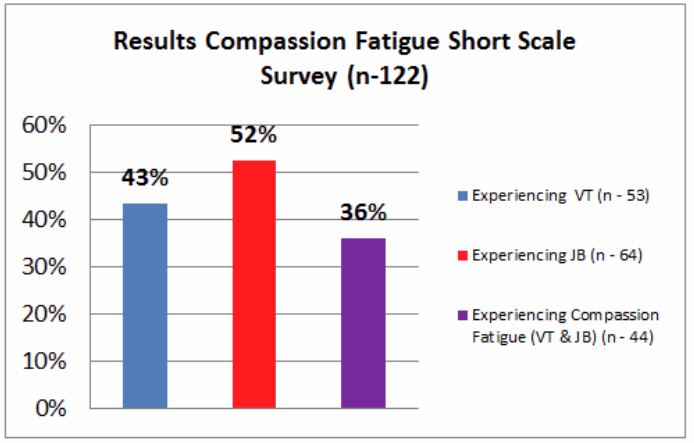
Discussion Questions to Get Started

1. To what extent are you aware of and using 'person-first' language? (eg. "people who use drugs", men who have trauma histories", "Person living with HIV")
2. How do people feel about the idea that people have the right to use substances without having a goal for abstinence?
3. How can we support self-determination?

Download the Guide to Harm Reduction from https://www.interiorhealth.ca/sites/Partners/HarmReduction/Pages/

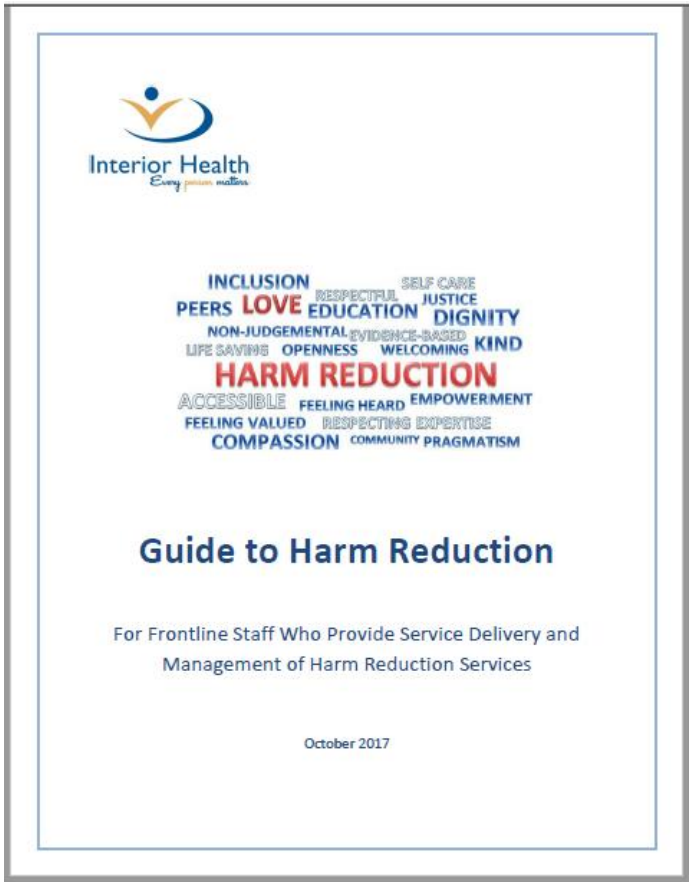
Outcomes

- Pre and Post Questionnaire – 11 concepts
  - New Topic – Slight Understanding – Understand the Theory – Able to Integrate – Have Expertise
- Compassion Fatigue Scale

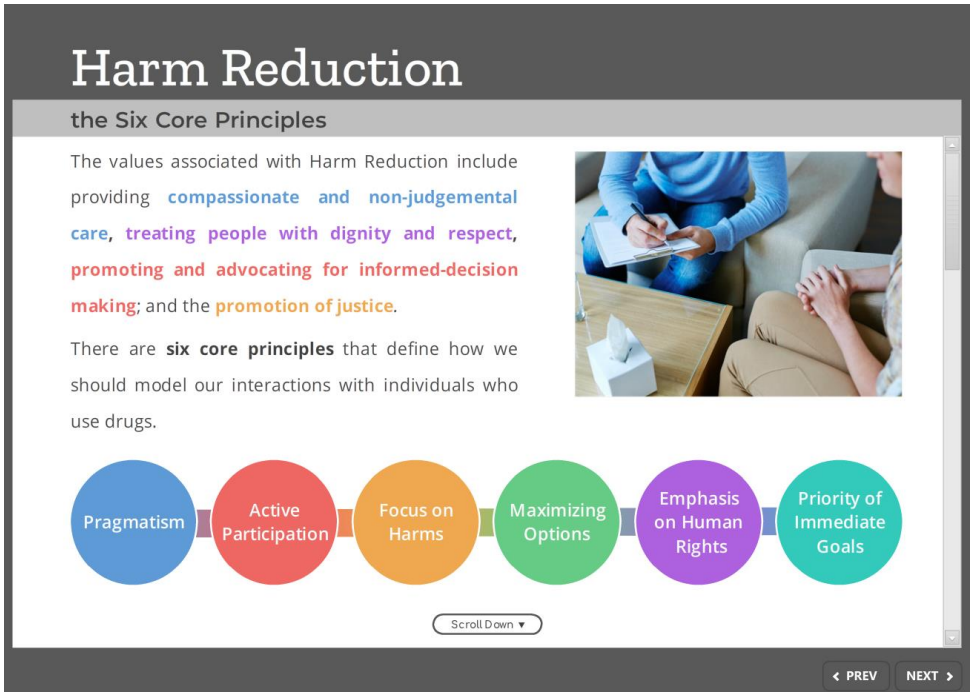


- Qualitative findings

Resources


Interior Health
Every person matters
INCLUSION
SELF CARE
PEERS
LOVE
RESPECTFUL
EDUCATION
JUSTICE
DIGNITY
NON-JUDGEMENTAL
EVIDENCE-BASED
KIND
LIFE SAVING
OPENNESS
WELCOMING
HARM REDUCTION
ACCESSIBLE
FEELING HEARD
EMPOWERMENT
FEELING VALUED
RESPECTING EXPERTISE
COMPASSION
COMMUNITY
PRAGMATISM
Guide to Harm Reduction
For Frontline Staff Who Provide Service Delivery and Management of Harm Reduction Services
October 2017


Harm Reduction 101
Understanding Harm Reduction Principles and Practice
Click here to begin


Harm Reduction
the Six Core Principles
The values associated with Harm Reduction include providing compassionate and non-judgemental care, treating people with dignity and respect, promoting and advocating for informed-decision making; and the promotion of justice.
There are six core principles that define how we should model our interactions with individuals who use drugs.
Pragmatism
Active Participation
Focus on Harms
Maximizing Options
Emphasis on Human Rights
Priority of Immediate Goals
Scroll Down
PREV
NEXT

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