



Building on Best Practices: Education for Frontline Workers in the Overdose Emergency

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Acknowledgement

We 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.

Introduction



Jessica & Kate



Gillian

Preface

- These workshops are intended to create important discussions around substance use theories and treatment within the context of the overdose response
- Our goal is to teach you how to use two activities to foster dialogue, not necessarily to learn everything about harm reduction and treatment theories

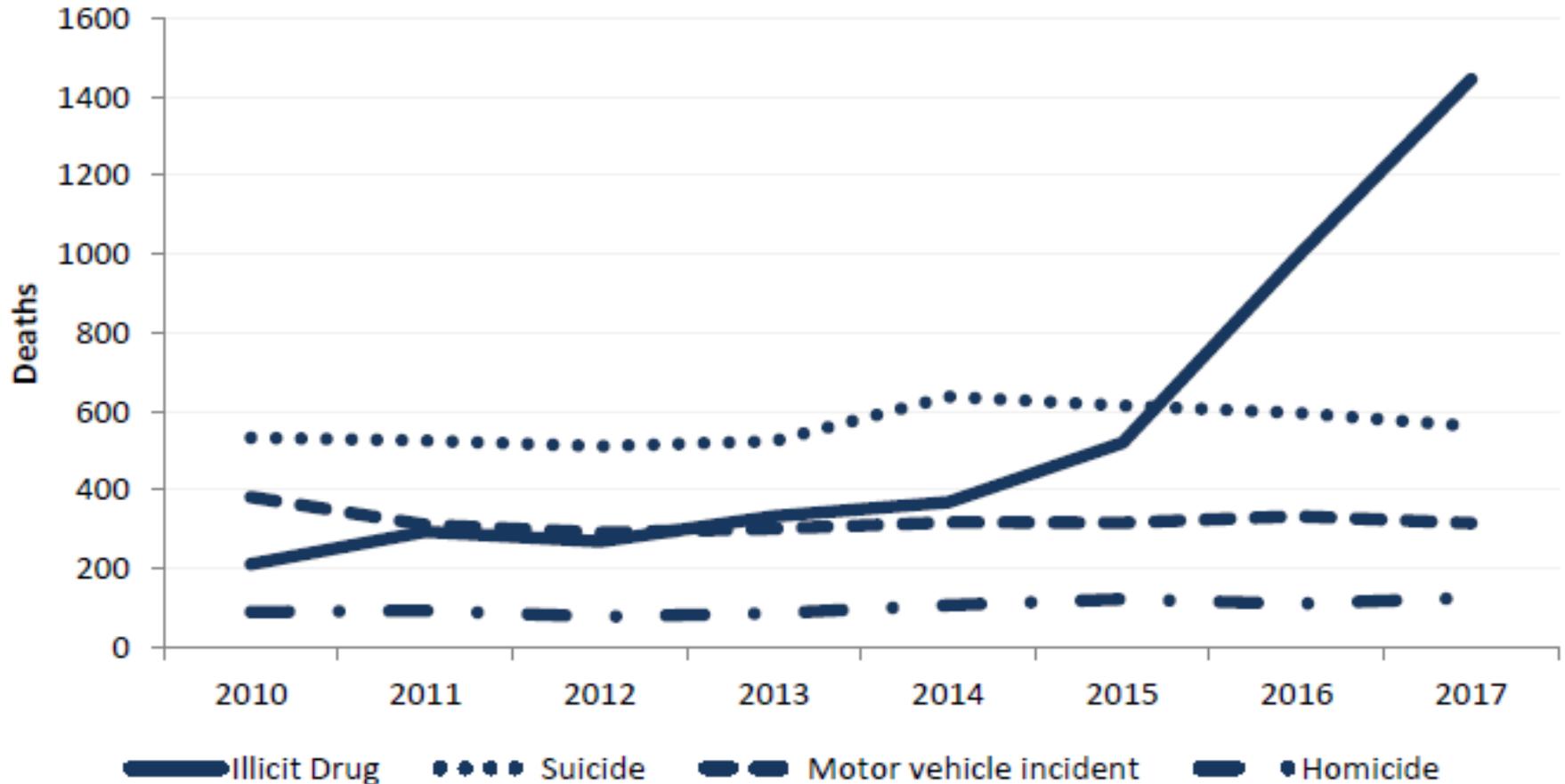
Objectives

- Identify opportunities to apply harm reduction principles in a variety of cross-portfolio settings
- Create facilitated conversations on harm reduction principles
- Explain the common theories of substances use and their role in influencing treatment decisions and outcomes for people who use drugs

The current overdose emergency both makes us examine how we treat people who use substances and our own understanding of substance use and addiction.

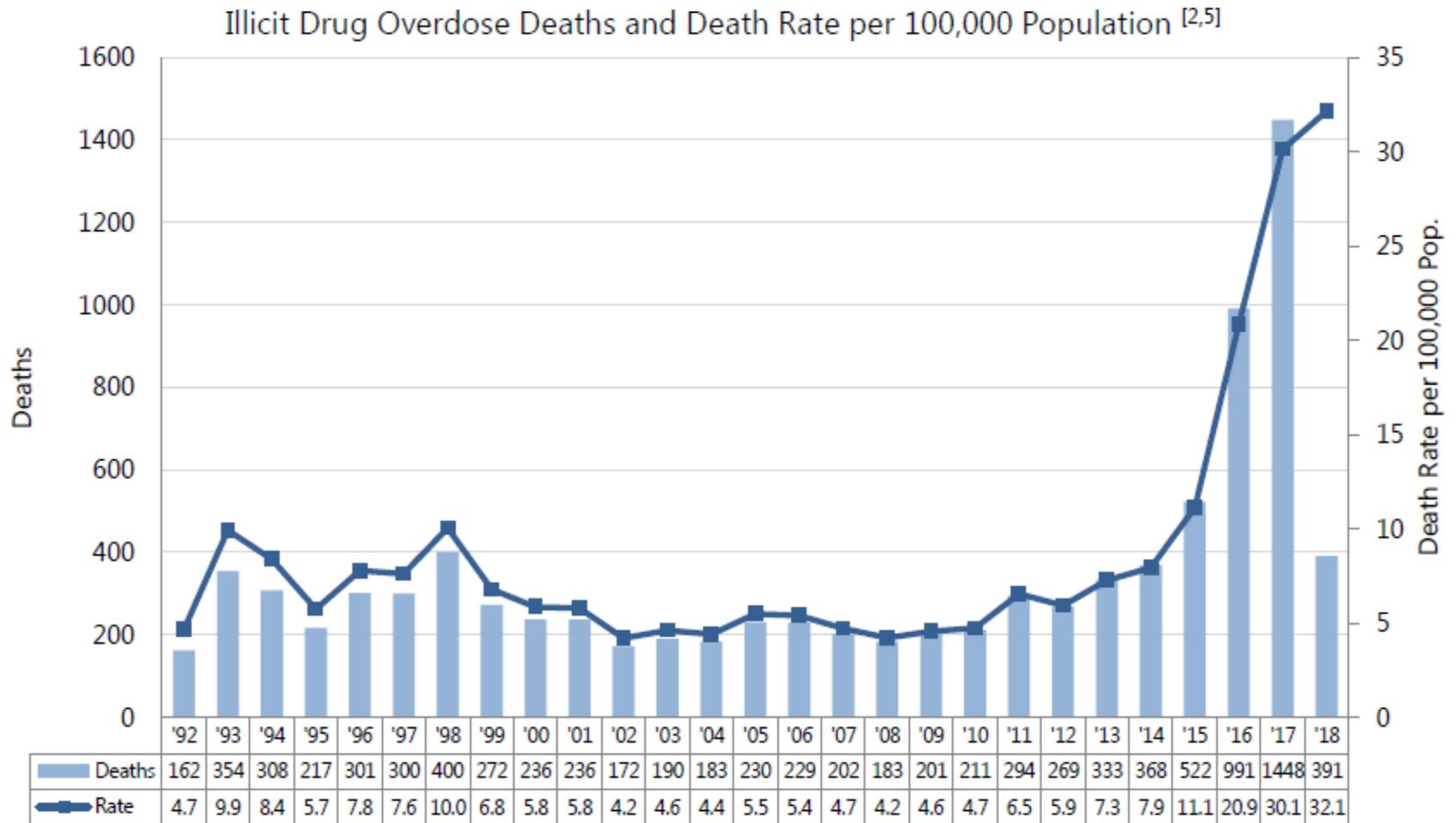
Why are we doing things? What are the outcomes?

Major Causes of Unnatural Deaths in BC



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

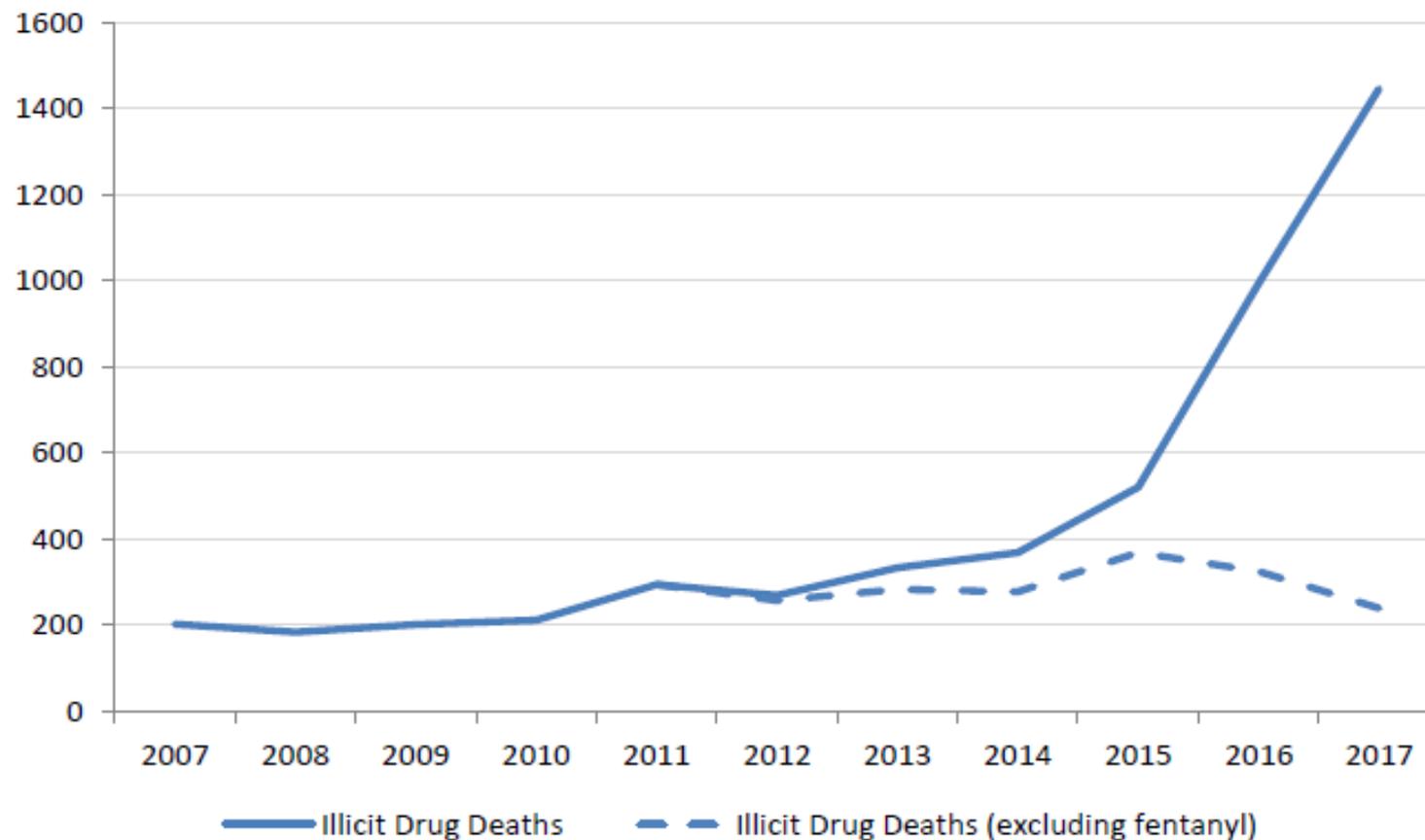
Overdose Deaths in BC



BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2007 – March 31, 2018.
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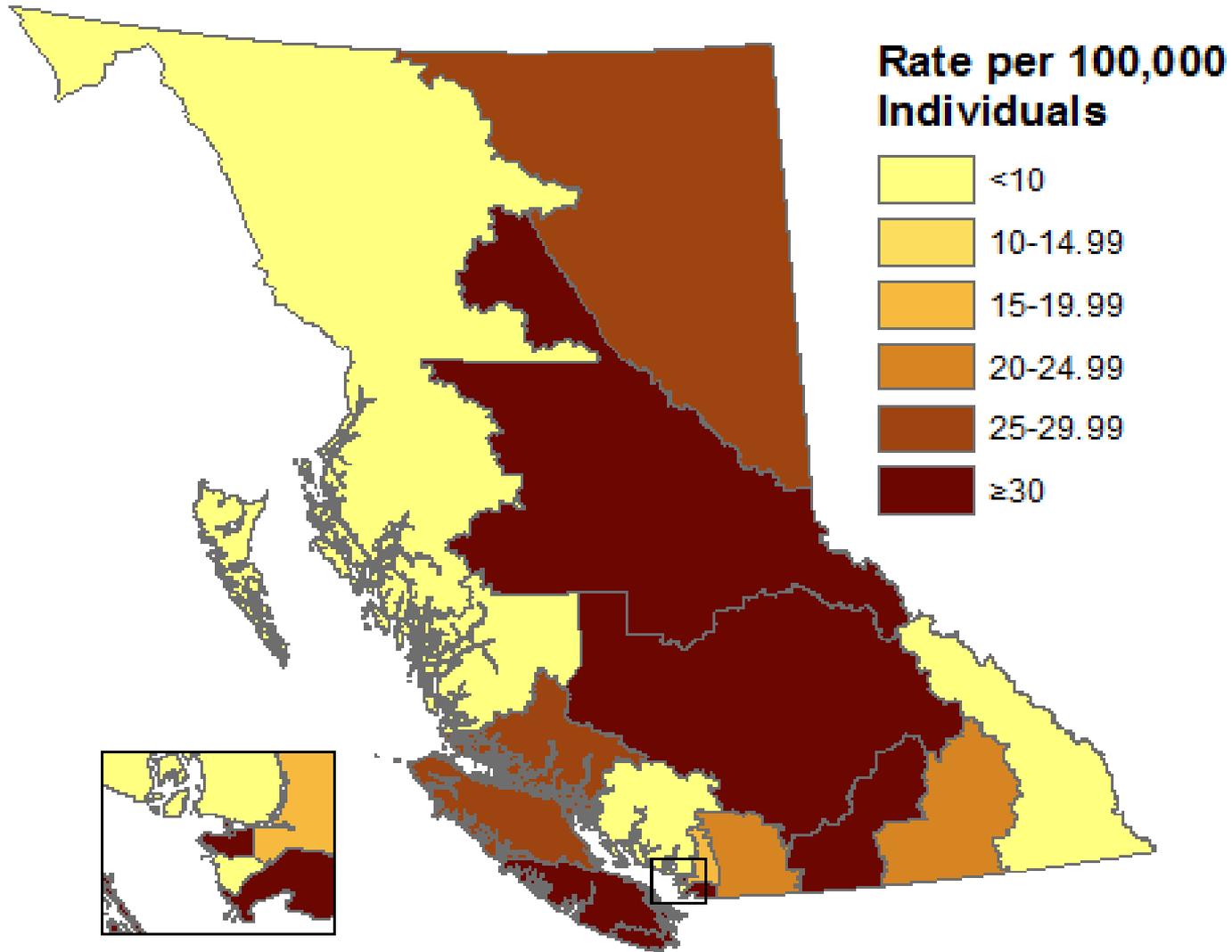
Fentanyl detected deaths

Illicit Drug Overdose Deaths including and excluding Fentanyl, 2007-2017



BC Coroners Service. Fentanyl-Detected Illicit Drug Overdose Deaths, January 1, 2012 – October 31, 2017
Data are preliminary and subject to change.

2018 Illicit Drug Overdose Death Rates by Health Services Delivery Area



BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2008 – October 31, 2017.
Data are preliminary and subject to change.

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

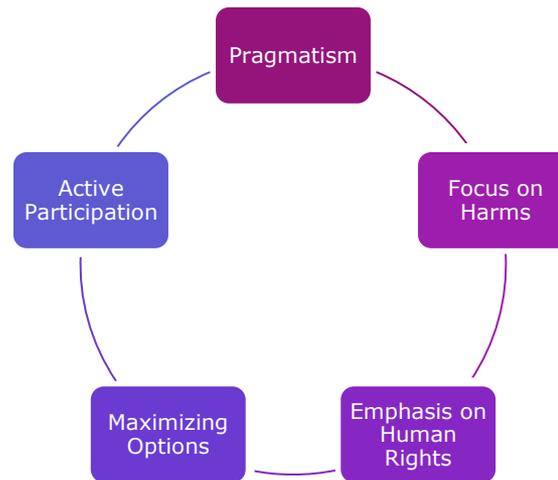
Illicit Drug Overdose Death Rates by Health Authority per 100,000, 2008-2018^[4-7]

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

BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2008 – March 31, 2018.
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Activity 1:

Integrating harm reduction principles into health settings



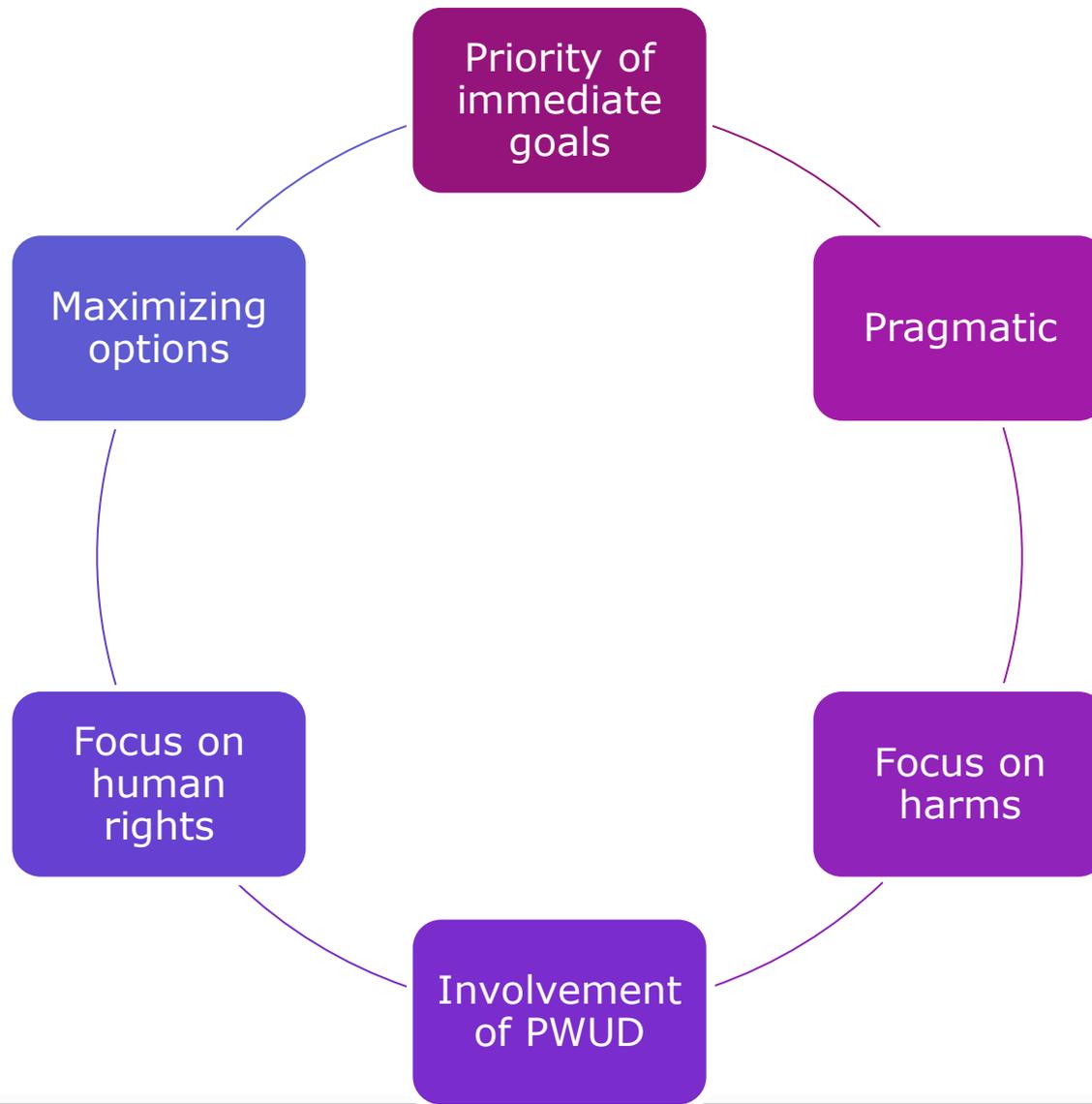
What is Harm Reduction?

- Harm reduction is the umbrella term for programs, policies and practices that aim to reduce the negative consequences associated with behaviours that are typically considered high risk.
- Focused on increasing safety and minimizing injury, disease and death related to high risk behaviours such as substance use.

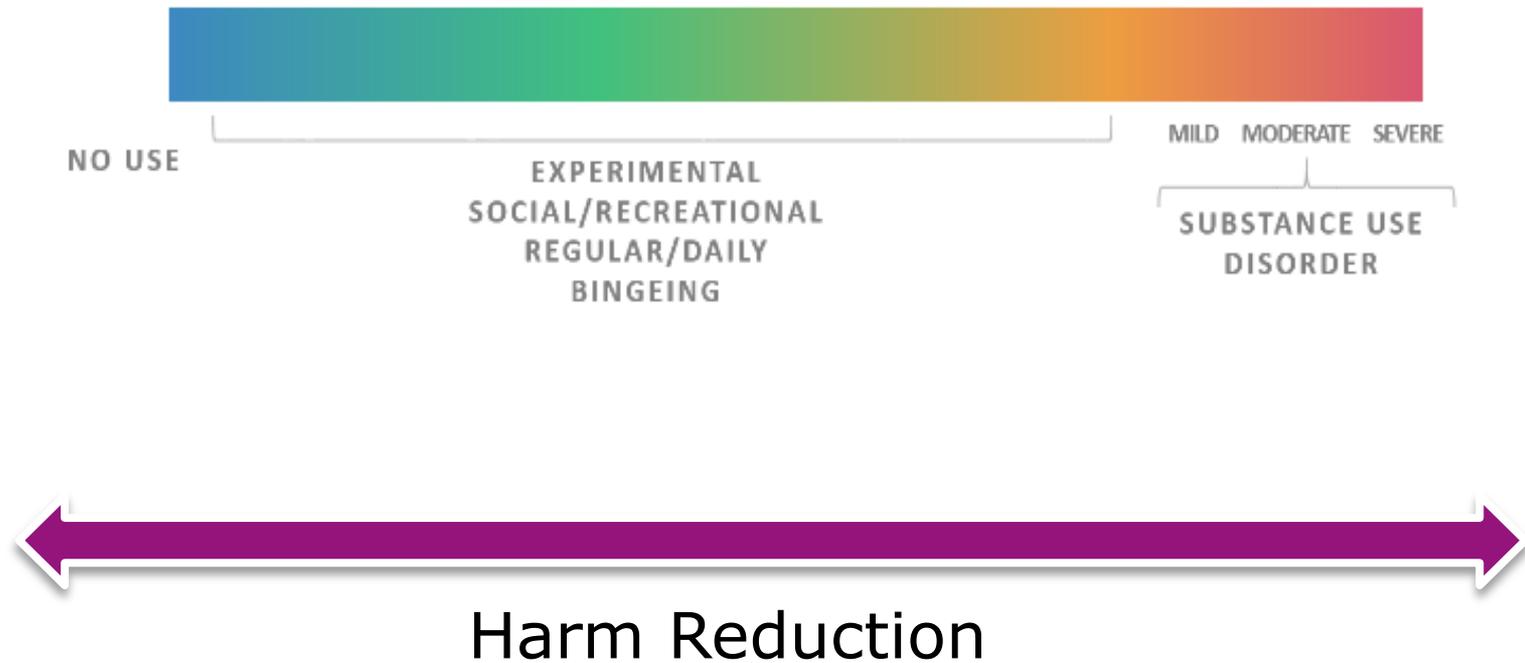


Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Principles of Harm Reduction



Harm Reduction & Continuum of Substance Use

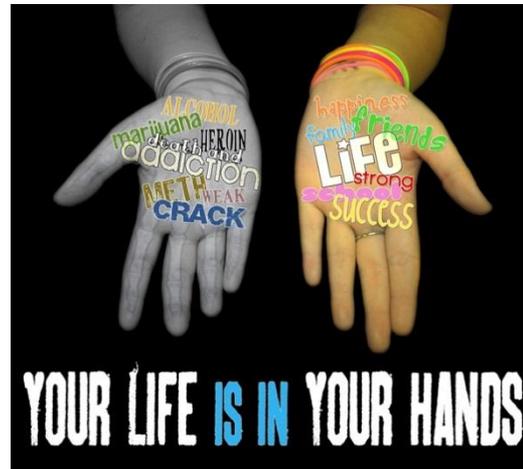


Small Group Discussion

- Review your harm reduction principle in your small group
- Questions are provided to prompt exploration and discussion about health systems, policy and practice
- Identify opportunities to apply harm reduction principles to a variety of health settings
 - What are you currently doing?
 - What could you be doing more of, or better?

Activity 2:

How theories of substance use influence our treatment directions



Moral/Spiritual Theory

- Denotes substance “misuse” as a vice or a sin
- Individuals are morally inferior if they are unable to change or stop their substance use
- Individuals are powerless over the substance use without an outside force to guide them in their self-correction

Disease Theory

- People with substance dependence considered to be different from other people who use drugs
- Substance dependence is seen as a progressive illness that will always be a part of the person

Learning Theory

- Psychoactive substance use initially used as a way of coping with distress or increasing pleasure
- Addiction is a result of complex processes of behaviour acquisition and reinforcement
- Several contingencies may reinforce or maintain substance use, including:
 - The effect of the drug(s)
 - Social aspects of substance use
 - The individual's level of need to cope or reduce distress

Socioecological (Dislocation) Theory

- Dependence on psychoactive substances is an adaptive response to an intolerable situation of disconnection from community and self
- Recognizes larger societal forces at play in creating problems with substance use, including colonization and inequitable wealth distribution

BioPsychoSocialSpiritual Theory

- “Holistic model”, often cited as echoing the Medicine Wheel (mental, spiritual, emotional, physical)
- Problematic substance use is a result of a complex interaction between a combination of factors or determinants
- **BIOLOGICAL:** physical factors, genetic risk factors
- **PSYCHOLOGICAL:** emotional state, self-esteem, mood, cognition
- **SOCIAL:** interactions with other people, social support, family contexts
- **SPIRITUAL:** presence or lack of meaning, purpose or connection in life, sense of connection, degree of feeling grounded

Matching & small group discussion

- Discuss your theory of substance use in your group
- Are you familiar with this theory?
- What are the benefits or risks of this theory?
- What might be an example of a treatment approach in line with this theory?

Wrap-up

- The beginnings of treatment are rooted in abstinence focused interventions
- Movement toward replacement therapies happened as the understanding of addiction shifted after the Vietnam war
 - Majority of veterans stopped use without intervention
 - Efficacy of opioid maintenance treatment validated
 - Held back by stigma and moral concerns from War on Drugs, prohibition
- **Treatment options influenced by: prohibition, drug policy, and advertising/capitalism**



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