

Harm Reduction, Fentanyl, Overdose Prevention and First Nations Communities

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Objectives & Goals

- Greater knowledge around harm reduction
- Greater knowledge around fentanyl
- Differentiate stimulant versus depressant drugs.
- Understand overdose and the purpose of overdose prevention
- Recognize overdose from depressant.
- THN program and lesson learned
- Harm reduction strategies in a First Nations communities

Harm Reduction

- Harm Reduction is based on evidence, both from science and lived experience, is rooted in compassion and justice and challenges stigma and discrimination.
- Primary goal is the reduction of drug-related harm rather than drug use per se
- Includes non-judgmental, client centred, strength-based services that provide the skills, knowledge, resources and support for people to live safer and healthier lives (most commonly known are needle exchange and methadone/saboxone treatment).
- Reduction of substance use and/or abstinence is included but not required in order to receive respect, compassion or services.
- Does not encourage drug use, enable harmful drug use, or “give up” on people. Harm Reduction approaches do quite the opposite - increasing access to services and creating a milieu of support for positive change.
- Based on prioritising of achievable goals.




Drug-Related Harms

- ▶ HIV/AIDS
- ▶ Viral Hepatitis
- ▶ Local and Systemic Bacterial Infections (abscesses, cellulitis, etc.)
- ▶ Overdose (among leading causes of premature death in many countries)
- ▶ Dependence
- ▶ Other Physical and Mental Health Problems (respiratory problems, drug-induced psychosis, etc.)
- ▶ Accidents and Aggression
- ▶ Public Nuisance (discarded drug related litter, real and perceived safety, etc.)
- ▶ Crime
- ▶ Harm Caused by Criminalisation (exclusion from housing and education, health and social impacts of imprisonment, etc.)

Harm Reduction Programs

- ▶ Safer sex material distribution
 - Condoms (Male and Female)
 - Lubricant
 - Dental Dams
- ▶ Needle distribution program
 - Needles
 - Sterile Water
 - Cookers
 - Filters
 - Citric/Vitamin C
 - Swabs
 - Tie
- Community-based outreach


HR Programs Cont...

- ▶ Safe Inhalation Kit Distribution
 - Stem
 - Push Stick
 - Brass Screens
 - Swabs
 - Clear Vinyl Tubing
 - ▶ Take Home Naloxone
 - ▶ Methadone and Other Replacement Therapies
 - ▶ Heroin Prescribing
 - ▶ Depenalisation and the Harms Associated with Criminal Penalties for Drug Use
 - ▶ Information, Education and Communication
 - ▶ Safer Injecting and other Drug Consumption Rooms
 - ▶ Pill Testing and Allied Warning Systems
 - ▶ Motivational Interviewing
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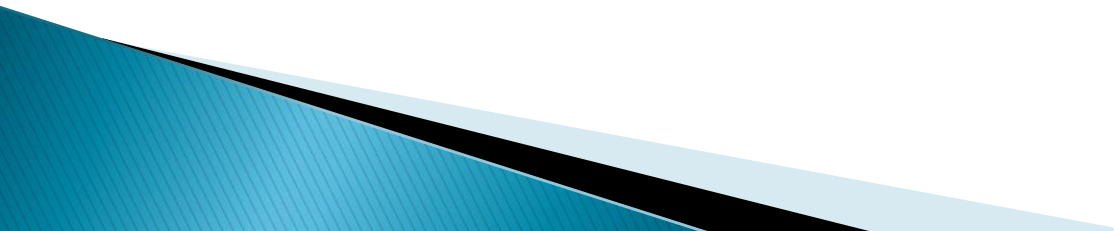
Criticisms of Harm Reduction and Addressing Concerns

- ▶ Harm reduction does not work
- ▶ Harm reduction keeps “addicts” stuck
 - Example of Methadone Maintenance Treatment
- ▶ It encourages drug use
 - Limiting Harm does not Change Message that all Drug Use is Potentially Harmful.
- ▶ Harm reduction is a “Trojan Horse” for drug law reform
 - Harm Reduction’s Neutrality Regarding Legalisation and Decriminalisation

Why Support Harm Reduction, Overdose Prevention and the Take Home Naloxone Program?

- Unfortunately overdose among people who use injection and inhalation drugs is common
 - Anywhere from 38-68% of people who use injection and inhalation drugs have histories of personal overdose
 - Opiates are the most common drugs involved in single and multiple drug overdoses
 - Overdose can be life threatening. Death due to overdose is the most common cause of death among people who inject opiates
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Fentanyl

- ▶ Up to 100 times more toxic than morphine and heroin
 - ▶ Fake Oxy's containing fentanyl also known as green beans, beans, jelly beans, greenies, shady's, shady 80's
 - ▶ Fake Oxy 80's are a synthetic opioid
 - ▶ 2014 saw 120 deaths
 - ▶ 2015 saw 272 deaths
 - ▶ Unintentional consumption
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How Did We Get Here?



Overdose Prevention

▶ Why does an overdose occur?

When a person takes more of a drug or a combination of drugs than the body can manage, as a result the central nervous system (CNS) is not able to control life functions.

Anyone Can Overdose

- Overdose can be fatal & anyone can overdose
- No exact formula
- Individual characteristics are determining, such as:
 - Weight
 - Personal Health
 - Tolerance to drug
 - Drug potency
 - Route drug was administered
 - Speed at which drug was taken
 - Personal reaction to drugs

Drug Combinations are Lethal

Depressant + Depressant = Stop
breathing

Stimulant + Stimulant = Heart Attack

Depressant + Stimulant = Both



Polydrug Use

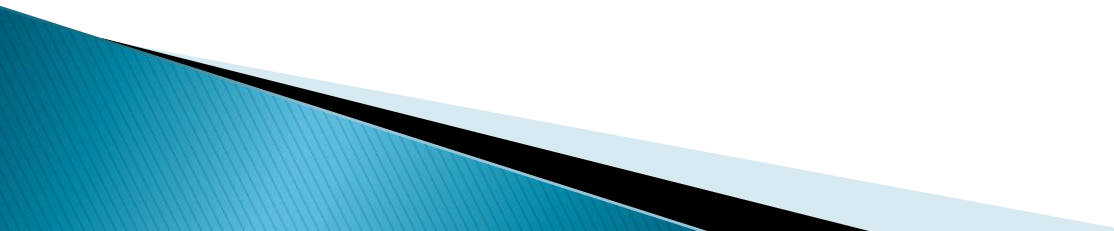
- ▶ It's important to know that most street drugs are actually polydrugs, (ie: mixed/combined). It is also important to know that most people who use drugs use more than one type, depending on a number of factors.

Depressants vs. Stimulants

- ▶ Speed
- ▶ Methadone
- ▶ Alcohol
- ▶ Ecstasy
- ▶ Heroin
- ▶ Cocaine
- ▶ Benzodiazapines
- ▶ GHB
- ▶ Methamphetamine
- ▶ Fentanyl (Shady's, Oxy 80's, Greenies)

Remember you can always look these up if you forget!

Important!

- Depressant Overdose is Much More Common
 - #1 problem occurs when a person cannot breathe adequately.
 - Oxygen cannot get to the brain = Brain Injury and or Death
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Depressant

Work by slowing the body systems down

► Describe a Depressant Overdose, What Might it Look/Feel Like?

"Nod Out"

Slurred Speech

Blue Lips

May Become Unresponsive or Unconscious

Have Difficulty or Stop Breathing

Vomit

Raspy Infrequent Breathing

Pale or Clammy Skin

Unable to Communicate



Blood Pressure & Heart Rate

May Feel Itchy All Over

Stimulant

Works by speeding the body up

▶ Describe a stimulant overdose, what might it look like?



Heart Rate, Core Temperature and Breathing

Difficulty Talking and Walking

Heart Attack or Stroke

Vomiting

Seizures

Body is Hot, Sweaty, and Shaky

Short Breath

Collapse or Loss of Consciousness

Confusion, Hallucinations, Anger

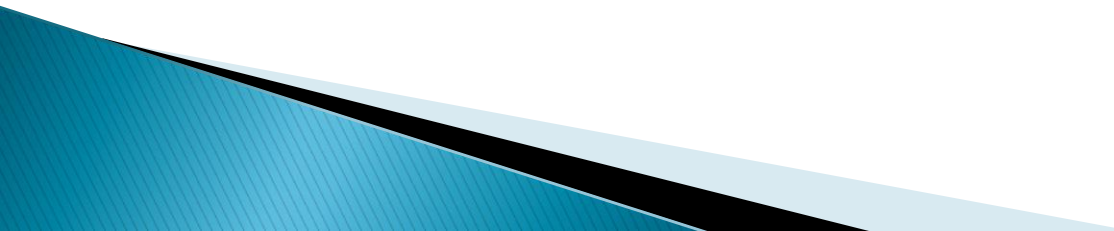
Heart is Racing/ Chest Pain

Stop Breathing

Overdose Prevention Tips

- **KNOW YOUR LIMITS** and don't exceed them
- Tolerance = Repeated use of a drug, this may cause you to need more of the drug to achieve the same effect
- **ABSTINENCE DECREASES TOLERANCE** and increases the chance for overdose
- Some reasons for abstinence could be:
 1. Incarceration
 2. Hospitalization
 3. Treatment/ Detox
- If you stop using drugs for any given period it's best to **START OFF SLOW** to avoid potential overdose- do a little, wait and see, then make an informed choice. **TEST DRIVE YOUR DRUGS**

Overdose Prevention Tips: Continued

- **DON'T USE ALONE** but if you are using alone, tell a friend and/or leave the door unlocked.
 - **DON'T MIX DRUGS** with other downers or alcohol.
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Community Based Take Home Naloxone Program

▶ What is Naloxone?

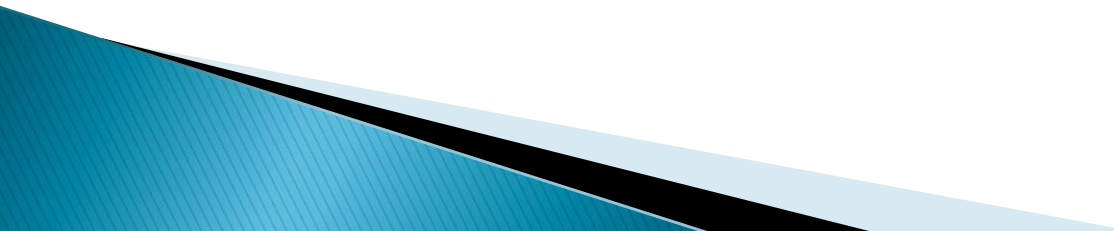
- Naloxone/Narcan is a “pure opioid antagonist. It counteracts an opioid overdose by reversing the depression of the Central Nervous System.
- It makes you breath again!
- The effects administered into the muscle takes effect in 2-3 minutes and lasts approximately 30 – 40 minutes
- This medication only works if the person has opioids in their system; if opioids are absent Naloxone will not be effective but is safe.

Take Home Naloxone Program

▶ What is involved?

- Brief Training Includes:
 - Mechanism of overdose
 - Risk Factors (ie. Mixing, tolerance, quality, using alone, health)
 - Recognition of Overdose
 - Response (upper/stimulant)
 - Response (downer/opiate)
 - Recovery Position
 - Calling 911
 - Rescue Breathing (S.A.V.E. M.E.)
 - Administration of naloxone and what's in the kit
 - Aftercare

What's in a Naloxone Kit?

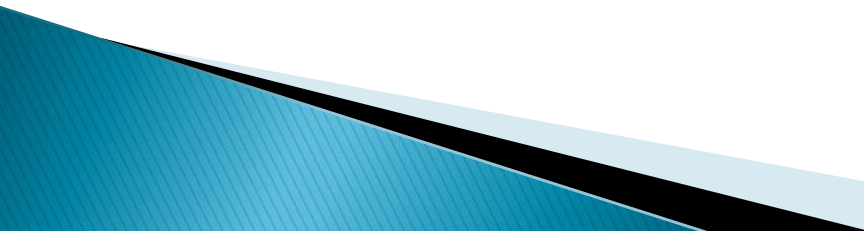
- Pocket Mask
 - 2-25 Gauge 1 inch Needles
 - 2-3 ml Syringes
 - 2 Ampules of Naloxone (0.4mg/1ml)
 - Antiseptic Swabs
 - Non-Latex Gloves
 - S.A.V.E.M.E. Card
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Healthier Choices Project with Blood Tribe

- ▶ Mobile Outreach
- ▶ Harm Reduction Supply Distribution
- ▶ Peer Outreach
- ▶ Saboxone Transportation
- ▶ Connecting People to Services and Groups

Regardless of how many abstinence based messages we provide, people will continue to use drugs. How can we connect them to services? How can we keep them as safe and healthy as possible in the choices they are making? These opportunities ensure that if and when someone contemplates making a change, relationships and trust have already been built and you become an ideal point of contact for the user to assist them in accessing the appropriate care.

Components of Healthier Choices Program

- ▶ Community driven initiative with support from Chief and Council
 - ▶ Community champions
 - ▶ Support from doctors and other medical and social service professionals
 - ▶ Prescription Drug Team Coordinator and 1 or 2 staff
 - ▶ Harm Reduction Supplies
 - ▶ Non-judgmental access to services (treated with dignity, respect and compassion)
 - ▶ Peers
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Lessons from HIV North Society

- ▶ Don't get discouraged. Remember that even if the message gets out to a few individuals, education is key
- ▶ Learn to get comfortable having conversations about harm reduction and drug use
- ▶ Don't be afraid to ask for advice. You can call us if you need help. We are all in this together
- ▶ Change begins with first steps. Don't be afraid to share with your community

Questions & Answers

- ▶ Thank you all SO MUCH for participating today!