

PERTH DISTRICT HEALTH UNIT BOARD

Conference Room #1 – Spruce Lodge

February 21, 2018  
10:00 am

**A G E N D A**

1. **Approval of the Agenda.**
2. **Pecuniary Interest.**
3. **Adopt the Minutes** from meeting dated January 17, 2018 - *attached*
4. **Closed Meeting** if necessary.
5. **Business Arising**
  - a. Amalgamation Steering Group Update
    - Minutes of December 21, 2018 – *attached*
6. **New Business**
  - a. Emergency Response Preparedness Report and Board Training
  - b. Report of the Finance & Personnel Committee dated February 21, 2018
  - c. 2018 alPHa Annual Conference – *attached*
  - d. Board Policy 4-140 and Procedure 4-150 Workplace Harassment – *attached*
  - e. Board Policy 4-200 Bad Weather Days – *attached*
  - f. Board Policy 4-210 Working from Home – *attached*
  - g. Board Policy 4-220 Leaves of Absence – Approval – *attached*
7. **Business Administrator Report – Julie Pauli**
  - a. Account Transactions – December 29-31, 2017; January 2018 – *attached*
  - b. Financial Report – January 31, 2017 – *attached*
8. **Medical Officer of Health Report – Dr. Miriam Klassen – attached**
9. **Correspondence**
  - a. Northwestern re Roadmap for Change – *attached*
  - b. Middlesex-London re Nutritious Food Basket – *attached*
  - c. alPHa re "The Hidden Epidemic: The Opioid Overdose Emergency in Fraser Health" – *attached*
10. **Date of next meeting – Wednesday, March 21, 2018**
11. **Adjournment.**
12. **Public Announcements.**

RSVP to Irene Louwagie at 519-271-7600 ext. 257, if you are unable to attend this meeting.

January 17, 2018

The Board of Health of the Perth District Health Unit met on the above date at 9:30 am at the Perth District Health Unit, Boardroom (lower level).

Members present: Teresa Barresi; Helen Dowd; Walter McKenzie; Bill Osborne; Paul Robinson; Kathy Vassilakos and Bob Wilhelm

Member regrets: Bonnie Henderson and Anna Michener

Staff present: Dr. Miriam Klassen, Medical Officer of Health; Julie Pauli, Business Administrator; Tracy Allan-Koester, Director of Community Health; Donna Taylor, Director of Health Protection and Irene Louwagie (Recorder)

Teresa Barresi, Chair presiding.

Welcome to Walter McKenzie!

#### **Agenda Approval**

Moved by: Kathy Vassilakos  
Seconded by: Helen Dowd

**That the agenda for today's meeting be adopted as amended.  
Carried.**

#### **Pecuniary Interest**

There were no disclosures of pecuniary interest.

#### **Adoption of Minutes**

Moved by: Paul Robinson  
Seconded by: Bob Wilhelm

**That the minutes of the previous meeting dated December 20, 2017 be adopted as presented.  
Carried.**

#### **Closed Meeting**

Moved by: Bob Wilhelm  
Seconded by: Bill Osborne

**That we go into Closed Meeting at 9:32 am to discuss legal matters.  
Carried.**

The Board reconvened in open meeting at 9:39 am.

#### **Business Arising**

##### **a. Amalgamation Steering Group Update**

Dr. Miriam Klassen, Medical Officer of Health presented a written report entitled "Perth District Health Unit (PDHU) Report to Member Municipalities Amalgamation with Huron County Health Unit (HCHU)" for information purposes.

#### **New Business**

None.



## Agenda Item 8

### PERTH DISTRICT HEALTH UNIT REPORT OF THE MEDICAL OFFICER OF HEALTH

February 21, 2018

#### 1. ADVOCATE FOR PUBLIC HEALTH

- Increase the profile of PDHU in targeted ways
- Continue to strengthen relationships with partners/stakeholders

As part of the SW Local Health Integration Network (SW LHIN) work of *Patients First*, the MOH participates in the Huron Perth Sub-Region Integration Table (HP SRIT), as the Public Health representative for Huron Perth. The HP SRIT met on February 13, in order to develop priorities (including target populations) in alignment with *Patients First*. Further sector engagement will occur before finalizing this work. During the meeting, the MOH presented to members on Public Health and specifically, the Anabaptist population.

The Life Committee together with the Communications Department and other staff members are developing a poster series called: "This is Public Health. This is What We Do." Each poster will feature a photograph of a staff member "on the job" and with a quote from the person about why they like working in public health, along with their name and job title. The goal is to showcase at least one staff person per team. The posters are going to hang in the public washrooms at each PDHU site once the renovations are complete. The photographs will also be used on presentations, our website, a display, social media posts, and in the community to showcase the behind-the-scenes work of PDHU.

PDHU staff are working collaboratively with community and agency members as well as Stratford's Active Transportation Advisory Committee to implement school travel planning with St. Joseph's and St. Aloysius elementary schools. The student classroom surveys, parent surveys and the school walkabouts have been completed. After the data is reviewed, a spring campaign will be planned that will include car-free Fridays, student challenges and more.

Due to parent letters mailed out in January, the immunization public health nurses have been busy and have seen an increase in the number of immunizations reported, parents requesting exemption counselling, and immunization appointments booked at the Health Unit for required ISPA vaccines. The team is responding to many vaccine-related inquiries from physicians' offices and parents. As well, the new immunization education sessions required as part of the Ministry-mandated exemption counselling process has been successfully implemented, with 12 people completing their education sessions. In addition, the immunization team is currently going out to Perth County secondary schools to immunize students who are not up-to-date with their tetanus-containing vaccines (known as Adacel).

#### 2. PREPARE FOR POSSIBLE HEALTH SYSTEM CHANGES

- Support all staff through transition
- Maintain a healthy and resilient workforce
- Ensure effective internal and external communications
- Use evidence-informed decision making

On February 2, the MOH attended the aPHa Board of Directors meeting in Toronto; Dr Bob Bell (Deputy Minister of Health and Long-Term Care) and Roselle Martino (Assistant Deputy Minister, Population and Public Health Division of the Ministry of Health and Long-Term Care) attended to provide an update regarding health system transformation, including the modernization of the *Ontario Public Health Standards* and the *Expert Panel Report*. There was no indication that the Ministry plans to act on the recommendations of the *Expert Panel Report* in the near future.

PERTH DISTRICT HEALTH UNIT

For the One Month Ending Wednesday, January 31, 2018  
Board Report Full 2018

	<u>YTD Actual</u> <u>2018</u>	<u>YTD Budget</u> <u>2018</u>	<u>Variance \$</u> <u>2018</u>	<u>Annual</u> <u>Ministry Budget</u> <u>2018</u>
<b>1-Times</b>				
Revenue - Provincially funded	1,587	(64,800)	(66,387)	(183,600)
Revenue - Municipally funded	0	2,034	2,034	22,375
1-Time Smoking Cessation	0	0	0	8,000
1-Time Chairs/Furniture	1,577	0	(1,577)	25,245
1-Time PHI Practicum	0	833	833	10,000
1-Time Panorama	37,530	0	(37,530)	0
1-Time Door Replacement	0	0	0	0
1-Time Fire Evacuation System	0	0	0	0
1-Time Floor Replacement	33,259	0	(33,259)	18,365
1-Time Needle Exchange	0	0	0	6,250
1-Time AODA & Website	0	0	0	25,000
1-Time RYD Website	0	0	0	9,900
1-Time Security	0	0	0	37,115
1-Time Merger	11	0	(11)	100,000

On February 05, members of the Huron Perth Amalgamation Steering Group (ASG) met with senior leadership from Oxford County Public Health and Emergency Services, and Elgin St. Thomas Public Health to share learnings from work completed toward amalgamation to date.

On February 7, the MOH joined a webcast organized by the SW LHIN in order to provide an update on the work of the SW LHIN to achieve the objectives of *Patients First*.

### 3. CONTINUE TO STRENGTHEN FOCUS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY

- Build internal capacity and awareness
- Be local champions

SDOH staff are taking the lead and have begun the process of pulling together relevant data and information about the different Anabaptist groups living in Perth County. We have been working with this cultural community for many years providing primary care, home visiting, genetic follow-up, nutritional support and injury prevention. This is an opportunity to define the population, and articulate the barriers to their health and well-being and to review the interventions/strategies that best meet their needs.

### 4. OTHER

Teenage males who play hockey are at increased risk of using chew tobacco. The THINK team has developed a campaign to reach Perth County male hockey players. They developed a gum pack with messaging. The packs have been distributed to Northwestern and St. Mikes school hockey teams as well as Major Bantam and Midget minor hockey teams across the County. A social media campaign has recently been launched that supplements the campaign.

A Prenatal information booklet was created in 2012 called *Your Guide to a Healthy Pregnancy*. It is distributed primarily by Health Care Providers (HCP) and is given to expectant women and their partners as early in their pregnancy as possible. Two electronic surveys were made available to: 1) women and their partners with a baby between 1 to 4 months of age using the email addresses from the *Giddy-UP Let's Grow* e-newsletter (79 respondents); and 2) HCP and Family Health Teams (7 respondents). As a result of the feedback, preparation for parenting and mental health promotion content was enhanced. Because parents like to receive prenatal information from websites, the parenting e-newsletter is being expanded to include prenatal content. Overall the Guide is a valuable resource for HCP providers as a teaching resource and for expectant women to enhance their prenatal knowledge.

### 5. STAFFING UPDATES

- Temporary full-time Student Public Health Inspector ~ effective February 5 - April 27, 2018
- Communications Manager became a job share ~ effective February 5, 2018

Respectfully submitted by  
Dr. Miriam Klassen  
Medical Officer of Health



**NORTHWESTERN HEALTH UNIT**

**BOARD OF HEALTH**

**MOTION/RESOLUTION**

**No. 10-2018**

Moved by Maureen Smith

Seconded by Carol Bower

THAT WHEREAS, the Northwestern Health Unit Board of Health has a mandate to decrease health inequities such that everyone has equal opportunities for health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances; and

WHEREAS, it is well documented that household income influences housing, food security, education, early childhood development and the ability to participate in society; and

WHEREAS, evidence confirms that people with lower incomes have inadequate nutrition, poorer physical and mental health and higher rates of mortality, and;

WHEREAS, low-income individuals and families are more likely to be challenged with covering basic needs and social factors such as low education, precarious employment, inadequate housing, and social exclusion; and

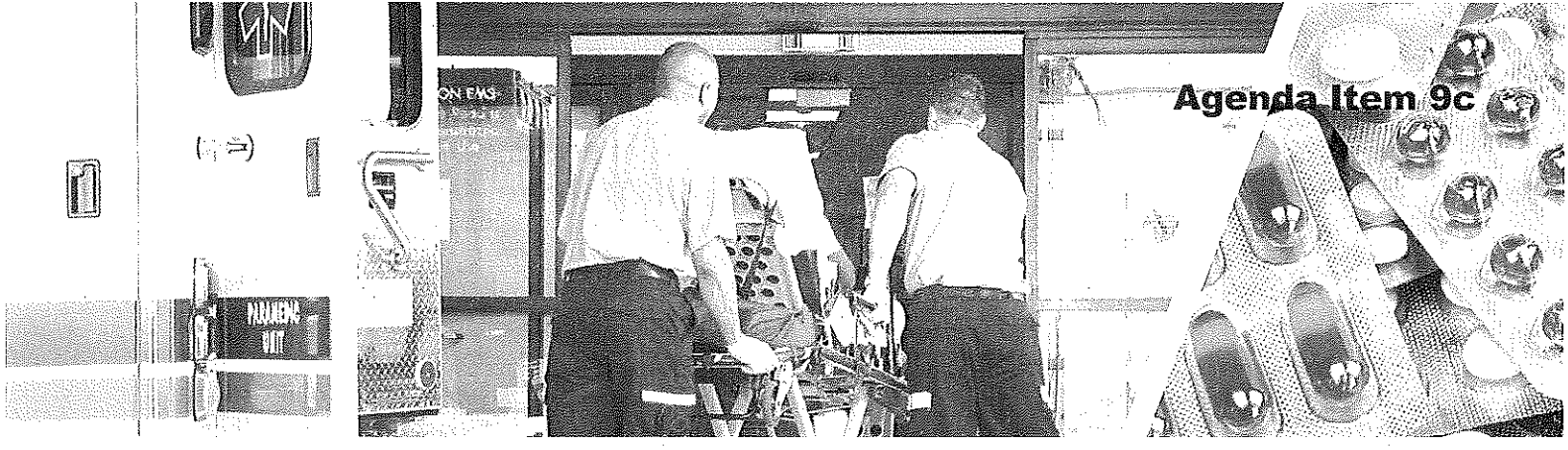
WHEREAS, the costs of food, housing, child care and transportation make it increasingly difficult for those experiencing poverty/low income to make ends meet; and

WHEREAS, over 1 in 10 people in the NWHU catchment area (11.1%) are in low-income households, and nearly 1 in 5 children (19.4%) live in low-income houses compared with 18.1% provincially; and

WHEREAS, for the population of Northwestern Ontario, poverty/low income is a significant contributor to the high rates of mental illness, addictions, chronic diseases such as cancer and lung disease, and life threatening infectious diseases such as hepatitis C and invasive group A streptococcus; and

WHEREAS, the NWHU region has a higher proportion of the population considered to have lower socioeconomic status when compared with the rest of the province, and this population is at risk of experiencing health inequities, both in terms of health outcomes and access to care; and

WHEREAS, proceeding with the recommendations of *Income Security: A Roadmap for Change*, will lead to substantial population health improvements for individuals, families, communities and future generations; and



Agenda Item 9c

# THE HIDDEN EPIDEMIC: The Opioid Overdose Emergency in Fraser Health

Key findings on those most impacted by the overdose crisis  
*January 2018*

## A Note from the Chief Medical Health Officer

The 2017 Chief Medical Health Officer's Report focuses on the opioid overdose emergency in Fraser Health. This report brings together findings from multiple analyses to describe the *who*, *what*, and *where* of fatal and non-fatal overdoses in our region. By better understanding the factors leading to problematic substance use and those at risk of overdose, we can both respond to and prevent overdose and save lives.

Increases in overdose deaths have accelerated as synthetic opioids such as fentanyl have entered the illicit drug supply. Nearly 1,000 people lost their lives due to illicit overdose deaths in our province in 2016 and devastatingly even more families, friends and peers have already lost their loved ones to this crisis in 2017.

Fraser Health has the highest number of illicit drug overdose deaths in the province. By the end of 2016, the number of illicit overdose deaths was 60% higher than in 2015. The total number of deaths for 2017 is estimated to be approximately 130% higher than in 2015.

When the Provincial Health Officer declared an opioid overdose public health emergency in 2016, most people thought that this crisis did not and would not affect them personally. This report highlights that overdoses are closer than we think. As is the case across British Columbia, men and women of all ages are experiencing fatal and non-fatal overdose. In fact, most overdose fatalities are not visible; they occur in private residences and involve men between 19 – 59 years of age. The primary intent of this report is to shed light on this hidden epidemic.

Many of these men suffer from mental health issues and manage these stresses with substances. What we also know is that some men would rather risk their lives than to seek help because of the stigma associated with using illicit substances. For those who experience overdose and interact with Fraser Health services, we are working on better ways to identify these people, reduce their risk of overdose, and prevent overdose and overdose deaths from occurring.

Heroic efforts have been made to mitigate the impacts of the opioid overdose crisis in our region. Extraordinary work by our frontline staff, leaders and partners have led to significant progress in immediate response measures such as improving access to life saving drugs (i.e., naloxone); reducing harms of using illicit substances with supervised consumption and overdose prevention sites; and expanding first-line treatment services. However, more work remains. Analyses like the ones in this report are critical to ensuring that our actions are evidence-based and meet the needs of the people we serve. One of the many challenges ahead is identifying supportive interventions and services for persons at risk of overdose in private residences. This is an area we need to challenge ourselves and each other to find new and different ways of thinking, of preventing, of responding to, and of treating people that use illicit substances. This work cannot occur in isolation; we need partners outside of our usual circles in the health system. The overdose crisis needs a coordinated community response. We need your help in identifying new ways to combat the hidden epidemic while enhancing the actions we are already taking. We need your help to stem the tide of overdose on our communities across the region.



**VICTORIA LEE MD MPH MBA CCFP FRCPC**

Chief Medical Health Officer and  
Vice President Population Health  
Fraser Health Authority



# EMERGENCY

## The Opioid Overdose Emergency in Fraser Health

**In 2016 alone almost 1,000 British Columbians – including 330 Fraser Health residents – died from overdose.**


As with the rest of the province, the opioid overdose emergency is expanding across Fraser Health. It is critical we gain a deeper understanding of some of the factors that influence the chance of overdose so we can effectively help, both in the short and the long term.

At Fraser Health, we use information from BC Emergency Health Services, the BC Coroners Service, and our Emergency Departments, clinics, hospitals, community partners and agencies, and people with lived experience to learn as much as we can about people who experience drug overdoses.

We analyzed 45,000 visits for 5,000 people who were treated for an overdose in our Emergency Departments. In addition, we held focus groups with men who reported using drugs alone, and community consultations to understand the problem.

We performed an in-depth chart review of 90 men admitted to hospital after a serious, non-fatal, residential overdose event. **We focused on men who had an overdose at a private residence because 85% of people who die from overdose in our region are men, and 70% of illicit drug overdose deaths occur in private residences.**

### Background: Opioids are contaminating the illicit drug supply



over  
**80%**  
of fatal overdoses  
in 2017 were  
associated with  
fentanyl.

**The presence of lethal opioids such as fentanyl in the illicit drug supply is drastically increasing the risk of overdose. As a result, people are at higher risk of overdose.**

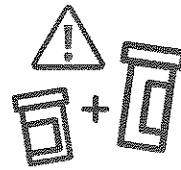
A growing proportion of fatal overdoses are associated with fentanyl – from 25% in 2014 to over 80% in 2017.<sup>1</sup>

The increase in overdose deaths is unveiling how widespread illicit substance use is in our communities. People that are using illicit drugs in private residences have often been hidden from the health system until now.

<sup>1</sup> Based on information from the BC Coroners Service.

## How do prescriptions of opioids affect the overdose crisis?

**The overdose crisis has been driven by the contamination of the illicit drug supply with opioids like fentanyl, but some of the overdoses are caused by opioids that are prescribed.**



Opioids are primarily prescribed for pain. Because of their risk of abuse and addiction, opioids are often prescribed cautiously for chronic pain. Opioids can be used safely and effectively when prescribed appropriately.

Certain patterns of prescribing opioids can increase the risk overdose.

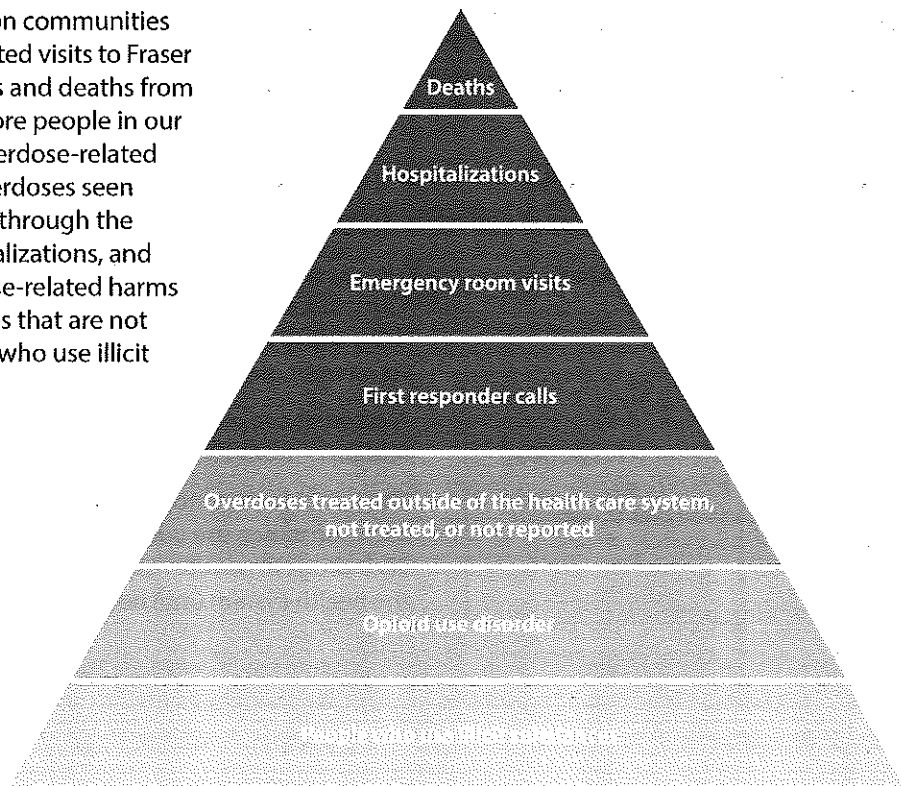
For example, the risk of overdose is increased when opioids are combined with other drugs like benzodiazepines. Benzodiazepines are medications sometimes prescribed for conditions like insomnia and anxiety.

In our settings, we have found instances where patients have

been co-prescribed benzodiazepines and opioids. Some patients come into hospital with both medications co-prescribed; however, some co-prescriptions do occur in hospital primarily on the General Medicine and Surgical units. Given the increased risk of overdose, our Pharmacy team is working with staff to identify patients who are in, and being discharged, from hospital with both opioid and benzodiazepine prescriptions to promote safer prescribing practices.

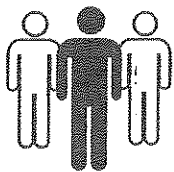
## How much does overdose affect our communities?

Overdoses have a broad effect on communities across our region. Overdose-related visits to Fraser Health Emergency Departments and deaths from overdose indicate that many more people in our community may be at risk of overdose-related harms. This report describes overdoses seen through the health care system through the Emergency department, hospitalizations, and deaths. Others at risk of overdose-related harms in the community, like overdoses that are not treated or reported and people who use illicit substances, are not as visible.

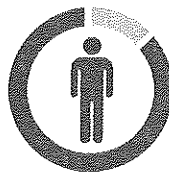




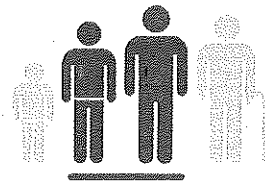
## Who is dying from overdose?



The opioid crisis is heavily impacting men across Fraser Health.



85% of fatal overdoses are among men.<sup>2</sup>



19 – 59 year olds are the most impacted<sup>3</sup> with 30 – 39 year olds having the highest number of overdose deaths.

### First Nations people are heavily affected by the crisis.

Although substance use is common across BC, regardless of race, ethnicity or background, the opioid crisis is disproportionately affecting First Nations peoples and communities. According to the First Nations Health Authority<sup>4</sup>, Status First Nations people are five times more likely to have an overdose event and three times more likely to die than non-First Nations people. Unlike non-First Nations people, where overdoses are occurring more frequently in men, overdoses are occurring more equally among men and women in First Nations people.

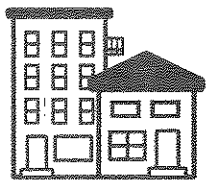
<sup>2</sup> Nearly 2/3 of nonfatal overdoses are among men.

<sup>3</sup> Fentanyl-Detected Illicit Drug Overdose Deaths January 1, 2012 to September 30, 2017 [Internet]. Burnaby, BC: Ministry of Public Safety and Solicitor General Office of the Chief Coroner; 2017 [cited 9 November 2017]. Available from: <https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/fentanyl-detected-overdose.pdf>

<sup>4</sup> Overdose Data and First Nations in BC: Preliminary Findings [Internet]. West Vancouver, BC: First Nations Health Authority; 2017 [cited 9 November 2017]. Available from: [http://www.fnha.ca/newsContent/Documents/FNHA\\_OverdoseDataAndFirstNationsInBC\\_PreliminaryFindings\\_FinalWeb\\_July2017.pdf](http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb_July2017.pdf)

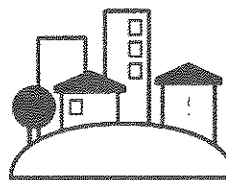


## Where are people when they overdose?



**70%**  
of overdose deaths  
are in private  
residences.

Of all suspected overdose deaths in Fraser Health, our analyses show that most occur in someone's home, which counters the common misconception that most overdoses are happening on the street to people who are homeless.

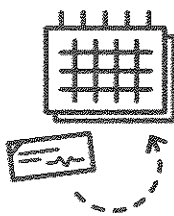


Most people overdose  
in the community  
they live in.

This means local community driven interventions are likely to reach those who overdose or are at risk of overdosing in the community.

While fatal and nonfatal overdoses are occurring across Fraser Health communities, **two thirds** of fatal and nonfatal overdoses were in Surrey, Abbotsford, Maple Ridge, Chilliwack, and Langley City and Township.

## When do people overdose?



Income and disability assistance payments occur on the third or fourth Wednesday of every month. More overdoses occur on the Wednesday, Thursday, and Friday of cheque week compared to the rest of the month.

This "**cheque week effect**"<sup>5</sup> happens across Fraser Health, but is most pronounced in Abbotsford, City of Langley, Maple Ridge, and Surrey.

It's important to remember that use of illicit substances and receiving income or disability assistance do not always go together.

Not everyone who uses illicit drugs receives income or disability assistance, and not everyone who receives income or disability assistance is at risk of overdose.

<sup>5</sup> Otterstatter M, Amlani A, Guan T, Richardson L, Buxton J. Illicit drug overdose deaths resulting from income assistance payments: Analysis of the 'check effect' using daily mortality data. *International Journal of Drug Policy*. 2016;33(July):83-87.

## How do people who overdose use health care services?

Eighty per cent of people who died from an illicit substance overdose received care in the Emergency Department at least once in the 12 months prior to their death. Previous visits were not just for illicit drug overdose. Most sought care for injury, trauma, back pain, alcohol overdose, or mental health.

We analyzed data for over 3,800 people with a fixed address who were treated for overdose in a Fraser Health Emergency Department between June 2015 and March 2017.

There were three primary groups of people living at a fixed address who were treated for an overdose in the Emergency Department. These groups visited the Emergency Department on an i) infrequent, ii) moderate to frequent, and iii) rare but critical basis.



- i) People who visit the Emergency Department on an infrequent basis prior to their overdose event:

**This is the largest group of people** making up 55% of individuals who come to the Emergency Department for overdose and live at a fixed address. The typical individual in this group is a man in his 30s. This is a hard to reach group through the health system because they infrequently use Fraser Health services prior to or after their overdose.



- ii) People who visit the Emergency Department moderately to frequently:

**This group makes up 42% of individuals** who live at a fixed address and come to the Emergency Department for overdose. Many people in this group are known to Fraser Health Mental Health and Substance Use services; 94% of people in this group who visited the Emergency Department frequently had used Mental Health services in the past. In addition to Mental Health services, people in this group frequently visit the Emergency Department for other reasons like pain and injury. Because this group uses Fraser Health services more frequently, there is an opportunity to reach them more readily through our health services.



- iii) People who visit the Emergency Department rarely but in critical condition:

**This is a small group of people** making up 3% of individuals who live at a fixed address and come to the Emergency Department for overdose. They are more likely to be in serious condition when they present to the Emergency Department. People in this group are at highest risk of overdose death and almost 100% were admitted to hospital. Typical characteristics for this group include men in their 30s that have not visited the Emergency Department in the past.

Based on this review, most people were being treated for their first overdose event; however, this does not mean they were using drugs for the first time. Based on our in-depth review of men experiencing a severe overdose, many used illicit drugs on a frequent basis



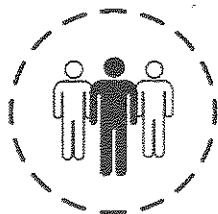
## How are mental health and overdose connected?

Mental health is a significant issue for people experiencing opioid overdose. As described in our analysis, many of the people who came to a Fraser Health Emergency Department for overdose treatment have a significant mental health burden. Over half have used mental health services provided by Fraser Health in the community, in hospital, or both.

Depression, anxiety, and suicidal thoughts are the most common reasons for seeking care, but some individuals are also receiving treatment for serious mental illness, including bipolar disorder, schizophrenia, and psychosis.

While not everyone who experiences overdose has mental health issues, it is also possible that some individuals who experience overdose have undiagnosed mental health conditions.

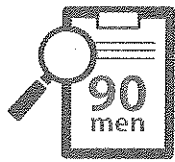
Others may receive care from health professionals in private practice (psychologist, counsellor, etc.). Previous treatment for alcohol or other substance use is also common.



Mental health and substance use disorders are often treated as moral or criminal issues rather than health concerns, and are therefore some of the most highly stigmatized medical conditions.

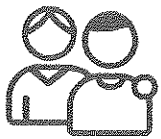
Stigma has a major impact on mental and physical health outcomes, and is a barrier for individuals accessing needed health and substance use services.

## Men with serious non-fatal overdoses



While we know that most overdoses in Fraser Health are among men, this is still a diverse group that requires further analyses. As a result, we looked at the medical charts of 90 men admitted to hospital following serious non-fatal overdoses in private residences in order to better understand this hard-hit demographic.

**From this we were able to pull common themes:**



They often **live with someone else and identify relatively high levels of social support.**



There are **higher rates of mental health concerns compared to the general population.** Several had suicidal thoughts at the time of their non-fatal overdose.



**A partner, friend, or other household member frequently found these men** after their overdose, which likely contributed to their survival.



**Physical trauma or pain was the most frequently noted stressor,** with especially high rates among older men (49% overall, 82% for men aged 50 years and over).



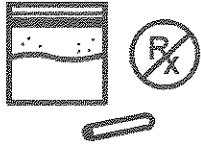
**Nearly 75% had a diagnosed alcohol or substance use disorder,** and half had previously participated in substance use treatment. Most used drugs on a frequent basis – only 16% used occasionally or for the first time.



The men were relatively un- or underemployed. **When current or past industry was noted, the most common industry they worked in was the building trades.**

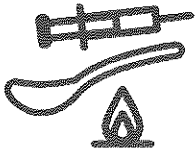
## Men who overdose are a diverse group

**There were three primary groups of men who had serious non-fatal overdoses in private residences:**



### Men who use illicit substances infrequently.

Men who use illicit substances infrequently typically use cocaine or other stimulants, and were more often first-time or occasional users.



### Men who use illicit opioid substances frequently.

Men who frequently used opioid-containing substances, including heroin, had prior overdose events and a history of prior substance use treatment; this group also had more overdoses than the other groups.



### Men who use drugs to manage pain.

Men who use substances for managing their pain are typically older, unemployed, have a history of physical pain, and most had a prescription for opioids at the time of their overdose. The other groups both include younger men more engaged in the job market with fewer physical pain concerns.



## Here's how we are linking data to action in Fraser Health:

Data	Fraser Health Actions
Men 19 – 59 years of age were most affected by overdose.	<ul style="list-style-type: none"> <li>Men in this age group do not frequently use health care services, therefore we are engaging with groups that can reach men outside of the health care sector. These include employers, schools (universities and colleges), and sports associations. These partners may be able to assist in reaching and supporting men with substance use concerns.</li> </ul>
A disproportionate number of men were currently or formerly employed in trade industries.	<ul style="list-style-type: none"> <li>We hosted a workshop with trades industry employers, associations, unions, and training programs to begin to identify interventions for this population.</li> </ul>
Living with a loved one whom individuals identify as a support may be a factor for surviving an overdose.	<ul style="list-style-type: none"> <li>We have launched <a href="#">communication campaigns</a> to engage with family members, friends, and peers to help prevent overdoses from occurring. This campaign also encourages loved ones to get a Take Home Naloxone kit so they can provide help in case of an overdose.</li> </ul>
Eight out of 10 people who died of an illicit substance overdose presented to our Emergency Departments at least once in the 12 months prior to their death.	<ul style="list-style-type: none"> <li>We are screening within our Emergency Departments to identify people who may be at risk of overdose.</li> <li>We have implemented community follow-up at Surrey Memorial Hospital to link people who experienced a non-fatal overdose to treatment and support services. This initiative will be expanded across the region in the coming months.</li> </ul>
Mental health is a significant issue for people experiencing opioid overdose.	<ul style="list-style-type: none"> <li>We are strengthening integration between mental health and substance use services in our acute and community services.</li> </ul>
Combining opioids with certain types of medications can increase the risk of overdose.	<ul style="list-style-type: none"> <li>We are implementing opioid stewardship to ensure more appropriate opioid prescribing practices.</li> <li>We are implementing safe prescribing practices for opioids across our hospitals and emergency departments.</li> </ul>
There are barriers to accessing first-line treatment in our communities.	<ul style="list-style-type: none"> <li>We are expanding access to publicly-supported first-line treatment (Suboxone® and methadone).</li> <li>We are making access to substance use services more timely, seamless and integrated across the region.</li> </ul>
First Nations people are 5 times more likely to overdose and 3 times more likely to die than non-First Nations groups.	<ul style="list-style-type: none"> <li>We are continuing to improve access to naloxone and harm reduction services in First Nations communities in partnership with First Nations Health Authority.</li> <li>We have expanded regional residential treatment and recovery beds for First Nations men and women at Seabird Island First Nation.</li> </ul>
Many people who overdose have histories of injury and pain management concerns.	<ul style="list-style-type: none"> <li>We are working with other health professionals, such as physiotherapists and chiropractors, to enhance the options for pain management available to people with chronic pain.</li> <li>We are expanding pain management services across the region.</li> </ul>
In our chart review, most of the men who experienced a serious overdose leading to hospital admission listed a family physician.	<ul style="list-style-type: none"> <li>We notify family physicians when one of their patients is treated for overdose in an Emergency Department.</li> <li>We have worked with family physicians to reduce barriers to accessing Take Home Naloxone for their patients.</li> <li>We are developing networks of community physicians and nurse practitioners who can provide first-line treatment (Suboxone®).</li> </ul>

These are highlights of our actions based on our recent analyses. For more information and on further actions, visit [fraserhealth.ca/overdose](https://fraserhealth.ca/overdose).



## What else can be done?

### Taking stigma out of substance use

The reasons for the current opioid crisis in Fraser Health are complex, as are the factors behind why people use substances to begin with. Most of the men experiencing the majority of overdoses in our communities are dealing with multiple stressors including unemployment or underemployment, pain, feelings of hopelessness, mental health concerns, and substance use. Some are using illicit substances to deal with pain from previous injuries, while others may be using substances to manage stresses in their life.

Both mental health and substance

use disorders are often treated as moral or criminal issues rather than health concerns, and are consequently some of the most highly stigmatized medical conditions. Stigma adversely impacts mental and physical health outcomes, and is a major barrier for individuals accessing needed health and substance use services.

People with substance use disorders require support, not judgment. In addition to showing compassion and kindness, a non-judgmental attitude toward individuals struggling with substance use is important

because destigmatizing substance use has been shown to save lives.

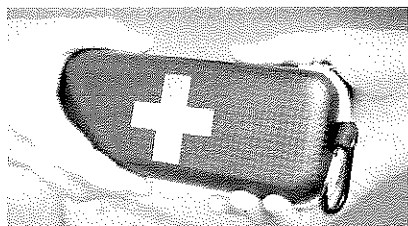
---

People with substance use disorders require support, not judgment.

---

Individuals who use drugs alone are at particularly high risk of death. While some individuals prefer the experience of using drugs alone, others use alone because of the stigma of drug use and because they are trying to cope with mental health issues or other stressors by themselves.

### Social support and training



**As individuals, we can all take steps to reduce the stigma around mental health and substance use,** and to support our friends and family members when they're going through stressful events like the end of a relationship, the loss of a job, or completing substance use treatment.

If you think someone you care about may be using illicit drugs, reach out and talk to them, let them know you care, and pick up a free Take Home Naloxone kit and training from your local Public Health Unit or other Take Home Naloxone distribution site.

Learn how to have a conversation about substance use by visiting: [fraserhealth.ca/overdose](http://fraserhealth.ca/overdose).