



THE UNIVERSITY OF BRITISH COLUMBIA
UBC Health



Substance Use and Addiction Lunch & Learn Series

SUBSTANCE USE & ADDICTION 101

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November 19, 2021

The BCCSU Addiction Pharmacy Fellowship is supported by Shoppers Drug Mart.



Land Acknowledgement

I respectfully acknowledge that I am a humble guest on the unceded traditional territories of the Coast Salish, Semiahmoo, Katzie, Tsawwassen, Sto:lo and Kwantlen Nations.

Objectives

- To be able to understand substance use disorder, how it is defined and who can be affected by it
- To have a better understanding of the current overdose crisis in BC
- To gain a better understanding of stigma, harm reduction and trauma informed care

Substance Use is Part of Human History

1. Religious/spiritual ceremonies

Entheogenic (“en” inside, “theo” god, “gen” create)

- *Amanita muscaria* mushroom - center of religious rituals in Central Asia for > 4000 years
- *Psilocybe* mushrooms - Central America
- Peyote cactus - Navajo, indigenous people in pre-Columbian Mexico



Substance Use is Part of Human History

2. Medicinal Use

Opium - has been described in some of the earliest written records ever found

Laudanum 'opium tincture' - widely used in the 19th century for various conditions

3. Recreational Use

Alcohol, nicotine and caffeine are examples of widely consumed drugs that have been present for centuries



Photograph: The New York Historical Society/Getty Images

Modern Age = More Potent Compounds



Traditionally alcohol was made from fermentation

- the process of distillation made it possible to have drinking alcohol with strengths of 50% or even higher

Opioids - The discovery of 'synthesized opioids' opened the doors for even more potent compounds such as oxycodone and fentanyl

Cannabis - THC potency has increased over the years as plants are bred and refined to have a more potent effect

What are the Reasons Individuals Use Substances?

Individuals use substances (i.e., caffeine, alcohol, tobacco, cocaine, opioids, stimulants, etc.) for a variety of reasons:

- To feel good
- To do better
- Curiosity or new experiences
- Peer pressure/fitting in
- Tradition
- Spiritual Uses



Substance Use Occurs on a Spectrum

Beneficial

Use that has positive health, spiritual and/or social impacts; e.g., medicinal use as prescribed, moderate consumption of alcohol

Problematic

Use at an early age, or use that begins to have negative health impacts for individuals, family/friends or society; e.g., use by minors, impaired driving, binge consumption



Non-problematic

Recreational, casual or other use that has negligible health or social effects

Substance Use Disorder / Addiction

Use that has become habitual and compulsive despite negative health and social effects

The spectrum of psychoactive substance use¹ shows how people can have a variety of relationships with alcohol and/or other drugs.

¹ Ministry of Health Services, Ministry of Children and Family Development. Health Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia. https://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf. Published November 1, 2010. Accessed October 26, 2018.

How is a Substance Use Disorder Diagnosed?

The **Diagnostic and Statistical Manual (DSM-5)** defines a substance use disorder as a “cluster of cognitive, behavioral, and psychological symptoms indicating that the individual continues using despite significant substance related problems.”²

²American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington D.C.: 2013.

The Four C's

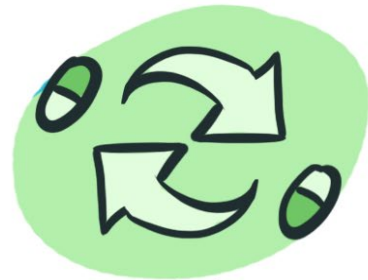
The 4 C's of ADDICTION



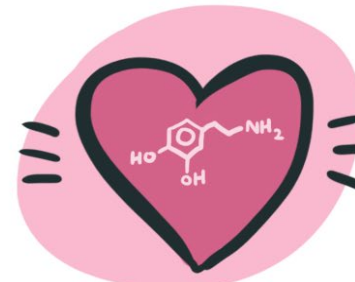
Loss of **CONTROL**



CONSEQUENCES



Compulsions



CRAVINGS

© UBC CPD eLearning

Biological and Social Factors in Substance Use Disorder

There are many factors that increase vulnerability to addiction:


- Genetics/family history
- Childhood/adolescent drug use
- Exposure to high-risk environments, drug accessibility
- Permissive normative attitudes to drug use
- Social stress, poor supports, poverty/economic barriers to treatment
- Trauma
- Psychiatric disorders (anxiety, PTSD, depression, ADHD, etc.)

Demers CH, Bogdan R, Agrawal A. The genetics, neurogenetics and pharmacogenetics of addiction. *Curr Neurol Neurosci Rep.* 2014;1:33-44.

Potenza MN. Biological contributions to addictions in adolescents and adults: prevention, treatment, and policy implications. *J Adolesc Health.* 2013;52(2 Suppl 2):S22-S32.

M Aguirre-Molina, and, and D M Gorman. Community-Based Approaches for the Prevention of Alcohol, Tobacco, and Other Drug Use. *Annual Review of Public Health* 1996 17:1, 337-358

NIDA. 2021, April 13. Part 1: The Connection Between Substance Use Disorders and Mental Illness. Retrieved from <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness> on 2021, November 18



**CO-WORKER
TEAMMATE
DRUG USER
HOCKEY FAN**

People who use drugs are real people.
Get involved. Get informed. Get help.

StopOverdoseBC.ca



**COUSIN
STUDENT
DRUG USER
FRIEND**

People who use drugs are real people.
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**HUSBAND
FATHER
DRUG USER
CO-WORKER**

People who use drugs are real people.
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**SISTER
DAUGHTER
DRUG USER
FRIEND**

People who use drugs are real people.
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Key Points

- A substance use disorder is a complex disease that can occur across the lifetime of the person
- Substance use disorders occur across the whole social spectrum, in every part of society
- Substance use disorders have physical, social and psychological harms that need to be addressed

NIDA. (2005, June 1). Drug Abuse and Addiction: One of America's Most Challenging Public Health Problems. Retrieved from <https://archives.drugabuse.gov/publications/drug-abuse-addiction-one-americas-most-challenging-public-health-problems> on 2021, November 18

Opioid Crisis in BC

The image shows a screenshot of a news website interface. At the top left is the 'Global NEWS' logo. To its right are navigation tabs for 'World', 'Canada', and 'Local'. A dropdown menu is open under 'Local', showing 'The Province' selected. Below this, there are two news article snippets. The first snippet is from 'The Province' and has a title: 'July ties dubious record for drug deaths in B.C., as overdose crisis continues'. The second snippet is from 'VANCOUVER SUN' and has a title: 'B.C. Premier John Horgan promises more funding for depleted naloxone kit supply'. Both snippets include social media sharing icons (email, Facebook, Twitter, and a lock icon) and the text 'Local News'. On the left side of the screenshot, there is a greyed-out area with a left-pointing arrow and the text 'BC OPIOID CRISIS' below it.

Global NEWS World Canada Local ▾

The Province

Local News

July ties dubious record for drug deaths in B.C., as overdose crisis continues

BC OPIOID CRISIS

VANCOUVER SUN

Local News

B.C. Premier John Horgan promises more funding for depleted naloxone kit supply

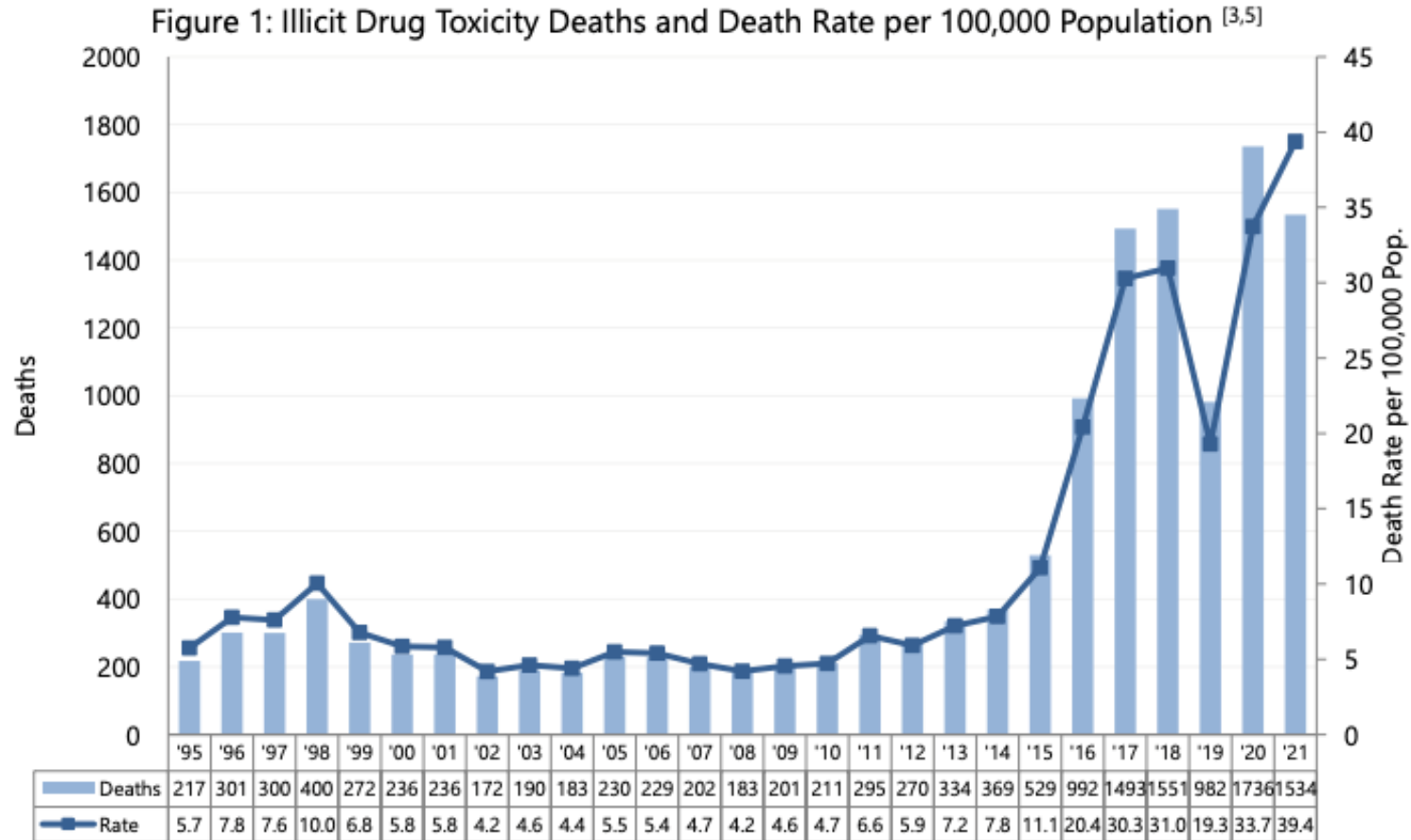
BC Coroners Report - September 2021

- July 2021 tied for the second highest month of overdose deaths 184 = **5.9 deaths/day**
- 28% increase in overdose deaths (1204) from Jan-July 2021 as compared to 2020
- 72% of deaths were aged 30-59
- 79% of deaths were male

BC Coroners Report - September 2021

BC Coroners Service

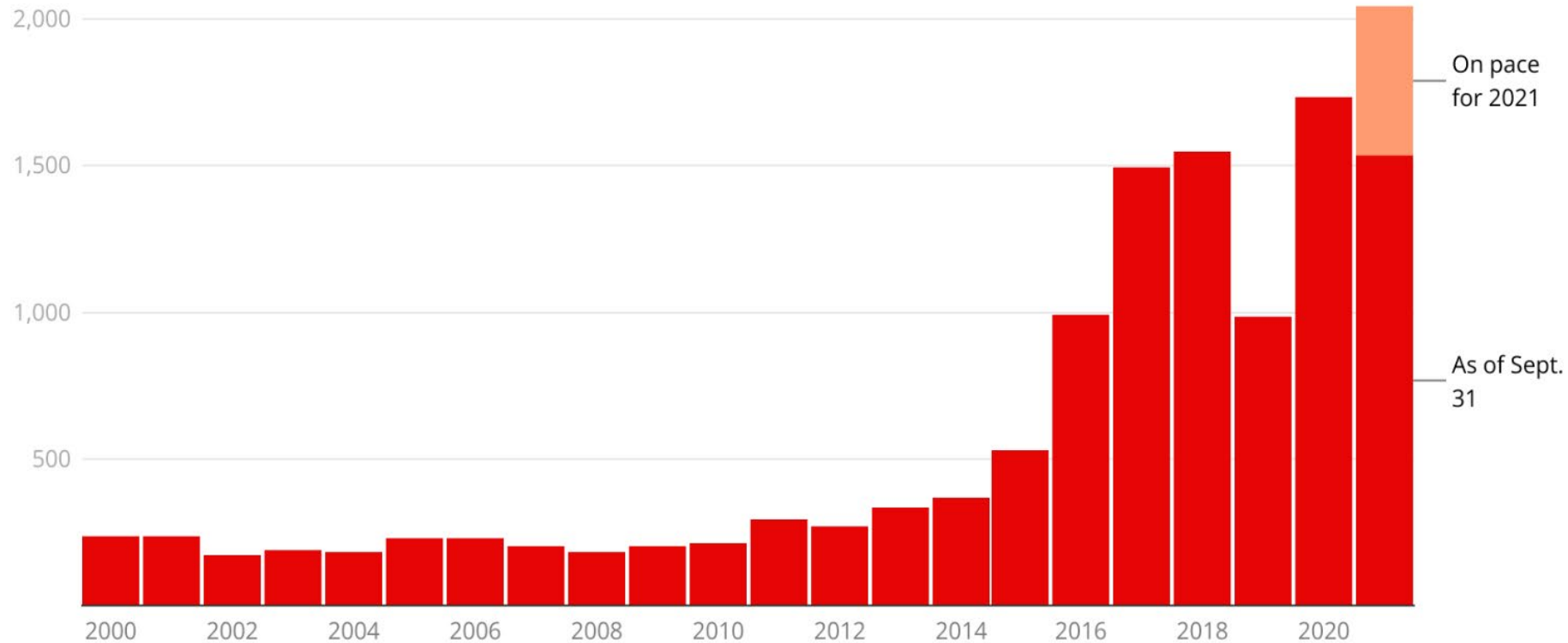
Illicit Drug Toxicity Deaths in BC
January 1, 2011 to September 30, 2021



<https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

Projection of Overdose Deaths for 2021

Illicit drug toxicity deaths by year in British Columbia



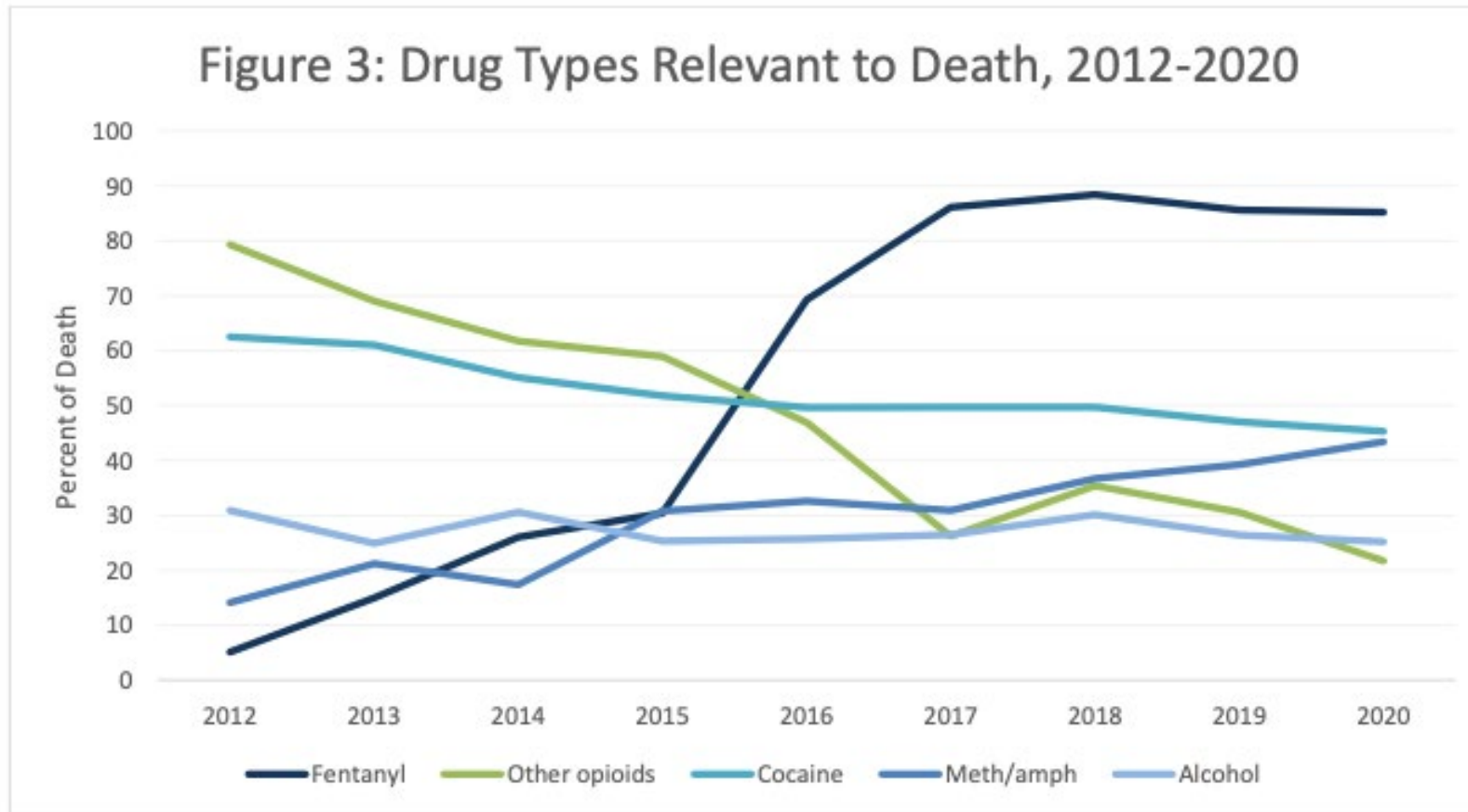
CBC NEWS

Chart: Justin McElroy • Source: B.C. Coroners Service

BC Coroners Report - September 2021

BC Coroners Service

Illicit Drug Toxicity Deaths in BC
January 1, 2011 to September 30, 2021



<https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

The Toxic Drug Supply

- Fentanyl is more potent than heroin and many other opioids
- Fentanyl is indistinguishable from heroin
- Fentanyl can be synthesized and is cheaper than heroin
- By 'cutting' heroin with fentanyl, it increases the yield

ECONOMICS = more \$\$ for the dealer

<https://www.drugabuse.gov/publications/drugfacts/fentanyl>, accessed on 18 November 2021

<https://www.canada.ca/en/health-canada/services/substance-use/controlled-illegal-drugs/fentanyl.html#a1>, accessed on 18 November 2021

Comparison of Lethal Doses



Photo Credit: Bruce Taylor, New Hampshire State Police Forensic Lab

COVID-19 and Overdose Deaths

Possible contributors?

- Supply issues due to border closures
- Fentanyl levels increased
- Local resources shut down temporarily or moved to online/tele
- Using alone more frequently
- Loss of jobs/isolation/boredom

Alcohol Use During COVID-19

BCCDC publication June 2021

- Highest rates of increased consumption are age 18-49, and higher levels of education and household income
- Stress, boredom, lack of regular schedule and loneliness were major factors
- Support systems have become more difficult to access

http://www.bccdc.ca/Health-Professionals-Site/Documents/societal_consequences/Problem_Alcohol_Use.pdf

Current Approaches to Substance Use Disorders

Current Approaches to Substance Use Disorders



- Addressing the harms of substance use is **both a health and social issue.**
- We will examine **three ways** of operationalizing health equity and social justice in clinical practice in the context of substance use disorder:
 - **Reducing stigma for people who use drugs**
 - **Harm reduction**
 - **Trauma and violence informed care**

Current Approaches: Reducing Stigma

- **Stigma** refers to **negative attitudes and beliefs about a group of people due to their circumstances in life, for example, race, gender, culture, and health status.**
- Stigma is a major barrier that people face when they seek services. They may feel labelled and judged.



van Boekel LC, Brouwers EP, van Weeghel J, Garretsen HF. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery. *Tijdschr Psychiatr.* 2015;57(7):489-497.

Language matters...

4 guides to using non-stigmatizing language

Use
people-first
language

Person who uses opioids ✓

Opioid user / addict ✗

Use language
that reflects the
medical
nature
of substance
use disorders

Use language
that promotes
recovery

Not in agreement with
the treatment plan ✓

Unmotivated ✗

Avoid
slang and
idioms

Positive / negative
test results ✓

Dirty / clean
test results ✗

Video on Stigma

Stop Stigma. Save Lives: Labels stick & Labels Hurt.

– Northern Health BC

youtu.be/3Dhkb2tdXU4

What Can You Do?

As a teacher, you are a role model and you can directly influence change in your students and shift stigmatizing views:

- Be self-reflective about your biases
- Treat every human being with dignity and respect
- See a person for who they are, not what drugs they use
- Listen while withholding judgment
- Avoid using labels
- Replace negative assumptions with evidence-based facts
- Use people-first language
- Continue to learn – attend webinars and seek out educational opportunities

Join us for a second lunch & learn webinar on substance use related stigma on January 20, 2022

Current Approaches: Trauma Informed Care

- Trauma is an **experience that overwhelms an individual's capacity to cope.**
- **Trauma-informed services** take into account an understanding of trauma in all aspects of service delivery and place priority on physical and emotional **safety**, as well as **choice** and **control** in decisions affecting one's treatment



Video on Trauma Informed Care

Trauma-Informed Care Champions: From Treaters to Healers

- Centre for Health Care Strategies

youtu.be/8wxnzVib2p4

Principles of Trauma and Violence Informed Care

- Build your awareness and understanding of trauma
- Emphasize safety and trust
- Collaborate with and empower the patient (voice and choice)
- Consider trauma as a risk factor
- Consider cultural, historical and gender issues
- Adapt your language: use non-stigmatizing language on signage and by staff

Current Approaches: Harm Reduction

- Harm reduction is a **pragmatic response** that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks.
- It creates opportunities for engagement that are critical for patient care.

Harm Reduction Supplies Available in BC

Safer injection

- Needles and syringes
- Sterile water
- Acidifier (vitamin C)
- Cooker with filter
- Tourniquet
- Sharps container
- Alcohol swabs
- Supervised consumption sites/overdose prevention sites
- Take home Naloxone kits
- Drug checking (chemical analysis)

Safer inhalation

- Mouthpiece
- Screens
- Push sticks

Safer sex

- Condoms:
 - External - lubricated
 - External - non-lubricated
 - Internal
- Lubricant



Insite Vancouver

Service users receive:

- Clean equipment for drug consumption – needles, water, cookers, filters and tourniquets – to reduce the spread of infectious diseases
- Spectrometer testing of drug contents
- Immediate response in the event of an overdose
- Clinical care – wound management, vaccinations, etc.
- Connections to addiction, healthcare and community services



phs.ca/program/insite

139 East Hastings Street Vancouver, BC

Naloxone: Saving Lives

What's included?

- 3 Safety Syringes
- 3 (0.4mg) Ampoules of Naloxone
- Alcohol Swabs
- Mouthpiece for mouth-to-mouth resuscitation
- Gloves
- Overdose Response Information form
- SAVEME Instructions



Develop an Overdose Response Plan for Your Practice

- Has an overdose already occurred in your practice? If so, how was it handled? What worked well and what needs improvement?
- Are there locations within your practice that present heightened overdose risks such as bathrooms that lock or private rooms?
- Does your practice have outreach staff who work with people off-site, in the street or on home visits? What is the protocol if they witness an overdose while working off-site?
- Does your existing overdose response policy need to be evaluated or updated?
- Does your practice have staff on-site with medical and/or CPR training?
- Does your practice have a naloxone kit on hand?

naloxonetraining.com

towardtheheart.com

Educational Videos about Naloxone



Naloxone Saves Lives (12:49 min)
vimeo.com/164669763

Naloxone Wakes You Up (youth focused) (6:29 min)
vimeo.com/180116125

SAVE ME Steps To Save A Life (6:17 min)
naloxonetraining.com/training/save-me-steps

Additional Education & Training

Addiction Care and Treatment Online Course (ACTOC)

*free online modules

elearning.ubccpd.ca/course/view.php?id=164

Provincial Opioid Addiction Treatment Support Program (POATSP) *free online modules

elearning.ubccpd.ca/enrol/index.php?id=63

Toward the Heart - harm reduction and naloxone training

towardtheheart.com

Trauma Informed Practice

bcmhsus.ca/health-professionals/clinical-professional-resources/trauma-informed-practice

Resources

- BC Centre on Substance Use – training, education, research and care guidance
bccsu.ca
- Government of BC – Overdose Prevention and Response
gov.bc.ca/gov/content/overdose
stopoverdose.bc.ca
- Your local health authority

The logo features the text '24/7' in white on a blue background, followed by 'ADDICTION MEDICINE' in grey and 'CLINICIAN SUPPORT LINE' in blue. A grey telephone handset icon is positioned to the right of the text.

24/7 ADDICTION
MEDICINE
CLINICIAN SUPPORT LINE

Telephone consultation for physicians, nurse practitioners, nurses, mid-wives, and pharmacists providing addiction and substance use care.

Available 24/7, 365 days a year. More info at www.bccsu.ca/24-7.

CALL 778-945-7619



Thank you!

Substance Use and Stigma
Thursday, January 20, 2022
12:00-1:00 PM

Register: bit.ly/sua_webinar_jan20

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