Let's Talk about Drugs





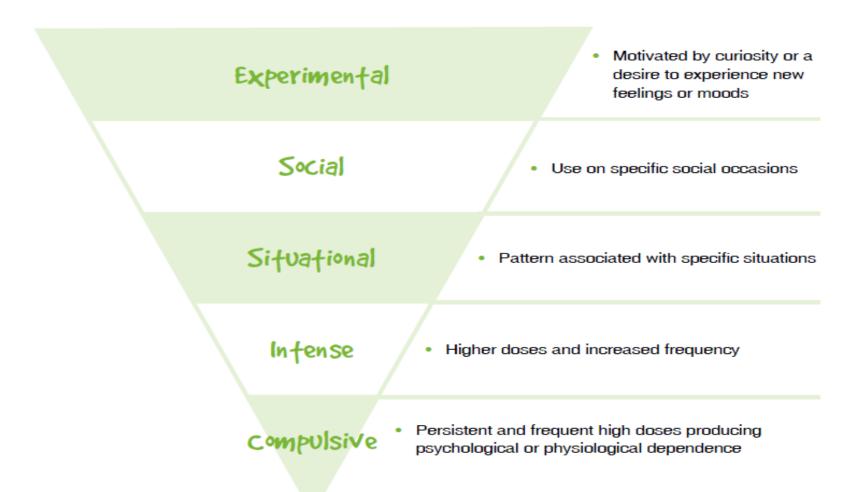
Questions we hear from parents...

- * What kind of drug experiences might my child face?
- * What's the best way to talk to my child about drugs?
- * What can I do to make my child less vulnerable to developing problems with drugs?

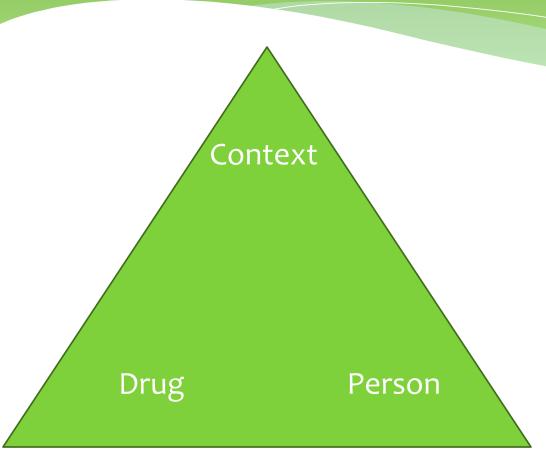




Drug use occurs on a continuum



How do we make sense of this data?



How do the reasons relate to social and physical environmental conditions?

How does the context influence the results of use?



People use:

- ... to feel good
- ... to feel better
- ... to do better
- ... to explore

Youth Substance Use - Current Trends

Most youth use a variety of psychoactive substances.

- * E.g. 72% of 18 year olds have tried alcohol
- * Almost all use caffeine
- Many will try cannabis and some will experiment with other drugs
- For the most part use has declined over the last decade

Reasons vary.

- Fun (60% males/69% females)
- Friends Were Using (33%)
- Experimentation (28%)
- To deal with stress & other emotions (21%)
- * 3% of males 4% females report feeling pressured to use

Source: AHS 2013

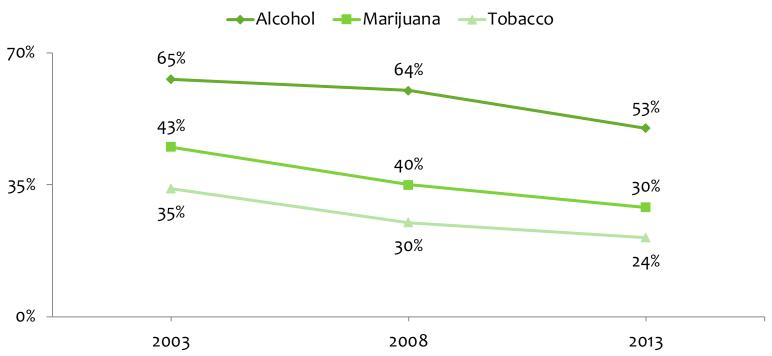






Decreasing rates of substance use

Ever tried different substances



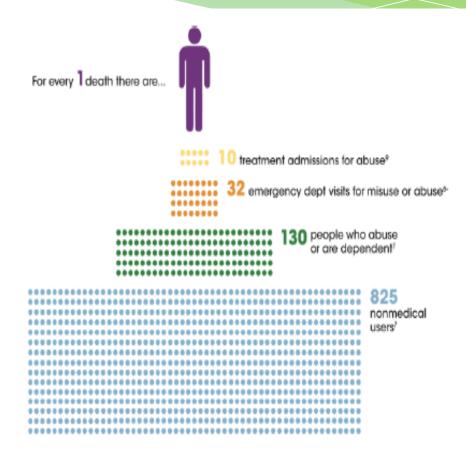




Using other substances

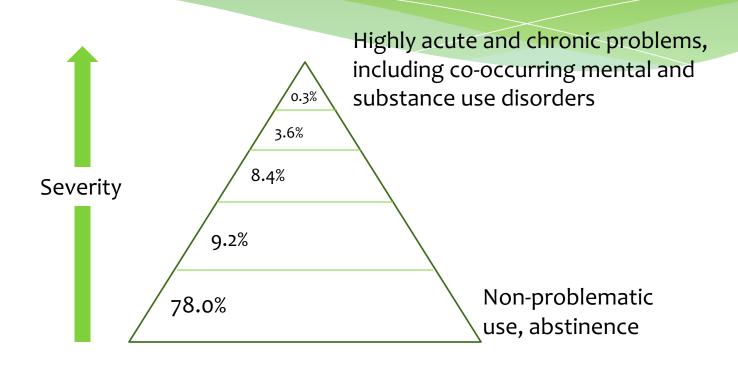
	2013	Change since 2008
Prescription pills without a doctor's consent	11%	-
Mushrooms	7%	
Ecstasy	6%	
Hallucinogens	4%	
Cocaine	3%	—
Inhalants	2%	
Amphetamine	1%	
Steroids without a doctor's consent	1%	
Ketamine, GHB	1%	NA

What do opioid deaths indicate about the scope of the crisis?





Population distribution of substance use, problems, and need for services (BC, 2009-10)





Adapted from: Rush B et al 2014. Development of a needs-based planning model for substance use services and supports in Canada: Final report 2010-2014. Health Canada Drug Treatment Funding Program.

What's the risk? It depends ...

- * More drug equals more risk
- * Younger age equals more risk
- Places, times and activities influence risk
- * Underlying factors influence risk
- * Some drugs are more dangerous than others







Developments

- * 2012 Take Home Naloxone Begins
- * 2013 Take Home Naloxone on Vancouver Island
- * 2014 Island Health team starts to carry naloxone
- * December 2015
- * April 2016
- * September 2016
- * Overdose Prevention Services
- * Supervised Consumption Services
- * Opioid Agonist Therapy





THE GOOD SAMARITAN DRUG OVERDOSE ACT

IS NOW LAW

THE LAW SAYS:

If you are at the scene of an overdose and you or someone else calls 911 to get medical assistance, you are not to be charged with simple possession (possession for your own personal use) of an illegal substance.



You are also **not to be charged for breach of probation or parole** relating to simple drug possession.



IF YOU SUSPECT AN OVERDOSE,

CALL 911

CALLING 911 SAVES LIVES

After calling 911, give **breaths** and **naloxone** if you have it. **Stay with the person until help arrives.**



For more information, visit: http://www.pivotlegal.org/good_samaritan_drug_overdose_act

or http://canada.ca/opioids



July 18, 2017







THE OPIOID OVERDOSE EMERGENCY THE SITUATION: WHO IS AT RISK? THE NUMBER Overdose occurs in people who smoke or snort drugs as well as inject **OF OVERDOSES** Of people who died of overdose in 2016... Of people who were brought to the emergency AND department for an overdose in 2016... **OVERDOSE** DEATHS HAS BEEN More than **INCREASING SINCE 2012** were using drugs alone were using In 2016 alone, drugs in a there were over private residence were between unintentional age 20-49 illicit drug overdose deaths, which is more than ever before OVERDOSES AND OVERDOSE DEATHS ARE INCREASING BECAUSE OF FENTANYL Fentanyl was found in People don't know what or There are different types of fentanyl, how much is in their drugs such as furanyl fentanyl and carfentanil, which vary in toxicity of overdose deaths in 2016 Many people who test positive Fentanyl has been found in: for fentanyl don't know that they are taking it At InSite. Pills, as fake oxys or other club drugs Powder, as heroin or fent Since fentanyl was introduced, more people have been having of drugs tested had fentanyl Powder mixed into other drugs repeat overdoses (crystal meth, cocaine, etc.) A PUBLIC HEALTH EMERGENCY WAS DECLARED ON APRIL 14, 2016 This lets the province collect more information on overdoses so that they know where most help is needed CREATED BY THE BCCDC HARM REDUCTION TEAM toward ™he≙rt.com CO UPDATED MAY 31 2017 BC Centre for Disease Control





Stigma

Criminalization

- * Contributes to isolation, keeps the issue hidden.
- * Not likely to initiate a conversation about their use.

Language Matters

- * Stigmatizing language discredits people who use drugs and can result in discrimination.
- * Stigmatization contributes to isolation and means people will be less likely to access services.

island health



Naloxone and other Resources

* Toward the Heart

- * Information
- * Videos
- E-learning complete naloxone training online
- Finder (naloxone, OPS, safer sex/drug supplies)

www.towardtheheart.com

- * Public Health Units
- Pharmacies are starting to carry free Naloxone kits





... most young people who use alcohol and drugs during their teen years do not develop long term problematic substance use...



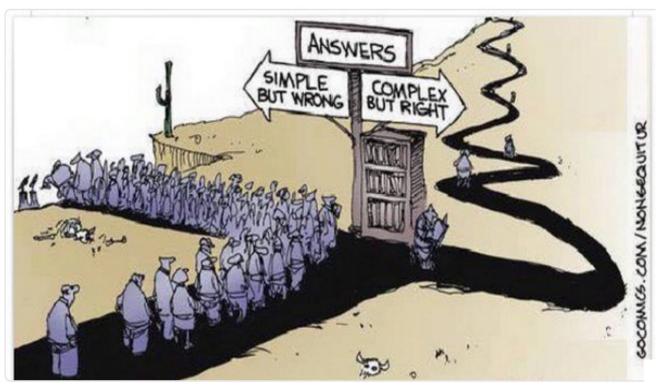




What research shows and what we know about the war on drugs

"Rat Park" video

We're in this together!







Some Guiding Principals

- * Be available and try to listen more, talk less
- * How stirred up am I? Is now the best time....
- * Ask questions. "what do you think....how do you want to handle this?"
- * How can you be a resource to your child around this topic?
- * Be clear about where you stand on the issue
- * If you find yourself getting reactive, don't be hard on yourself... there's always a next time to work at this!
- The goal is to open up communication as a way of lowering risk
- * more connection and relationship = lower risk
- * Tone down the intensity!





Less helpful ...

- * Ordering "you must, you have to .."
- * Advising "Why don't you ... it would be best if .."
- * Warning "You'd better, if you don't ..."
- * Lecturing "Do you realize, the facts are ..."
- * Diagnosing "What you need is, what's wrong with you is ..."
- * Moralizing "You should, you ought to ..."
- * Judging "You are wrong, you are acting stupidly ..."
- * Interrogating "Why ... who ... how..."





Scenario...

* My teen has started smoking pot and hanging out with friends who are smoking pot and drinking regularly. What's the better way for me to handle this?

Some questions for discussion...

- * What do you notice about times when you are able to have the most effective conversations with your child about difficult topics, e.g., substance use?
- * What are you bringing to the conversation that seems to work well?

Question...

When you are anxious and afraid for your child's safety, what do you notice about how you interact or relate to your child?





Minimizing Risk/Maximizing Resiliency – what helps?

- Enhancing belonging and connectedness
- * Supportive relationships
- Building agency and building a sense of purpose
- * Building critical thinking and social skills
- Nurturing recognition of fallibility
- Opportunities for pro-social (and fun!) activities

Open conversations create trust, reduce fear and make it possible for us to learn from one another.











Discovery Youth and Family Substance Use Services

Free, Confidential, Voluntary Counseling Services for:

Youth (13 -19) who use or are impacted by someone's substance use

Parents & Caregivers who are supporting a youth around substance use concerns

Other community members that are engaged in supporting youth & families around substance use issues.

Thank you!

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