

Universities come to grips with Canada's opioid overdose crisis

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Some are stocking naloxone kits, while others are pushing increased public awareness.

On April 14 last year, British Columbia's chief health officer declared a [public health emergency](#) due to the high number of opioid overdose deaths in the province – and the death toll has continued to rise since then. In December, Vancouver police reported up to [nine opioid overdose deaths](#) in a single night. At a [conference](#) on the opioid crisis held in Ottawa in November, Ontario Health Minister Eric Hoskins said that, in his province, opioid overdose is now the third leading cause of accidental deaths, accounting for about 700 deaths a year.

Also attending the Ottawa conference was Aaron Orkin, an emergency physician with Sinai Health System in Toronto and a researcher at the University of Toronto's Dalla Lana School of Public Health. Dr. Orkin studies opioid overdose and the distribution of [naloxone](#), a medication that can block the effects of opioids and revive those who have overdosed. "People who are dying from opioid overdoses are not dying alone. They die in the company of friends and family members, people who care about them," he told the conference. "This is where the idea for naloxone distribution programs came from."

As the opioid crisis continues, some universities have begun distributing naloxone kits on campus. The University of British Columbia was one of the first to stock the kits, at its [student health centre](#), starting in March 2016. Up until January, it had distributed a total of 11 kits. The [University of Alberta](#) also reported that it had dispensed about a dozen kits since the fall term. The University of Calgary and University of Manitoba also have naloxone kits available. Each kit contains three vials of the antidote, three syringes, gloves, a CPR face shield and alcohol swabs.

"The kits are for those who are designated as high-risk individuals or their friends and family," said Marna Nelson, interim director at UBC student health services, citing recreational users of opiates, particularly [fentanyl](#), as an example. Staff at the health centre will offer a kit and train the individual – either a student or friends and family of a student – on how to use it. "We want students to be safe," she said. UBC has also started training its campus emergency medical aid team on how to administer naloxone.

When people overdose, they usually lose consciousness and stop breathing. Kelly Grindrod, assistant professor in the school of pharmacy at the University of Waterloo, explains that when naloxone is administered, the medication "doesn't do anything to the drug that caused the overdose, it just moves it off [the opiate receptors in the brain] and then naloxone binds to the brain and stops the drug from getting back on." Naloxone takes effect in three to five minutes, but only lasts for about a half-hour. Most opioid drugs are designed to last for more than that, Dr. Grindrod said, therefore it is imperative that whoever administers naloxone should first call 911.

These are some of the basics that Dr. Grindrod now teaches her pharmacy students. She said that because naloxone is fairly new as a nonprescription drug, many pharmacists are not familiar with it. "Up until last spring, naloxone was strictly a hospital drug used mainly in the ICU and emergency units. When Health Canada and the federal health minister took the unprecedented step of [moving it](#) from a hospital drug to an over-the-counter drug, it got a lot easier to do public health programs because it's more widely available now." For example, in Ontario, anyone with a health card can now receive a naloxone kit at most pharmacies, free of charge.

Dr. Orkin at U of T said naloxone distribution alone is not going to solve the opioid crisis, and universities need to play a bigger role in combatting this epidemic, which he blames partly on failed public policy, including the decision by governments to stop the distribution of oxycodone (brand name OxyContin), switching it for a new formulation called OxyNEO.

"That was a policy move that we thought was going to protect people, and one of the major effects has been that

people switched to heroine and fentanyl, and now deaths are rising,” he said. “Those sorts of policy analyses are, I think, most effectively undertaken by the academy” rather than government alone.

Benedikt Fischer, senior scientist with the Institute for Mental Health Policy Research at the Centre for Addiction and Mental Health, said that it is “sensible” for universities to stock naloxone. However, it is more important that they make clear that “naloxone is effective only in some overdoses” and encourage an understanding of “why opioid misuse is common in student populations, and implement effective information and prevention campaigns in this specific risk population.”

Kevin Frieze, assistant dean of students, health and wellness at the University of Alberta, said his office has created and distributed information posters around campus, and U of A’s pharmacy student association has been instrumental in getting the message out about the dangers of opioids. “They have been really proactive, which is great, and they have taken this on as an activity that they can do to educate their fellow students in the community as a whole.”

At Thompson Rivers University, meanwhile, “we lost a few people [to overdose] in this community, so there was a real heightened awareness about fentanyl-related overdoses and deaths,” said Christine Adam, dean of students at TRU. The university’s [wellness centre](#) started the Substances Safe Spaces initiative, which offers faculty and staff volunteers as informational resources for students. A poster on office doors or desks alerts students that the staffer is available to answer questions about fentanyl, how to identify an overdose, and how drug users can protect themselves and get connected to further resources.