



Pre-Session 2 Activity (30 minutes or less to complete)

- Please complete the following pre-training activity prior to Session 2:

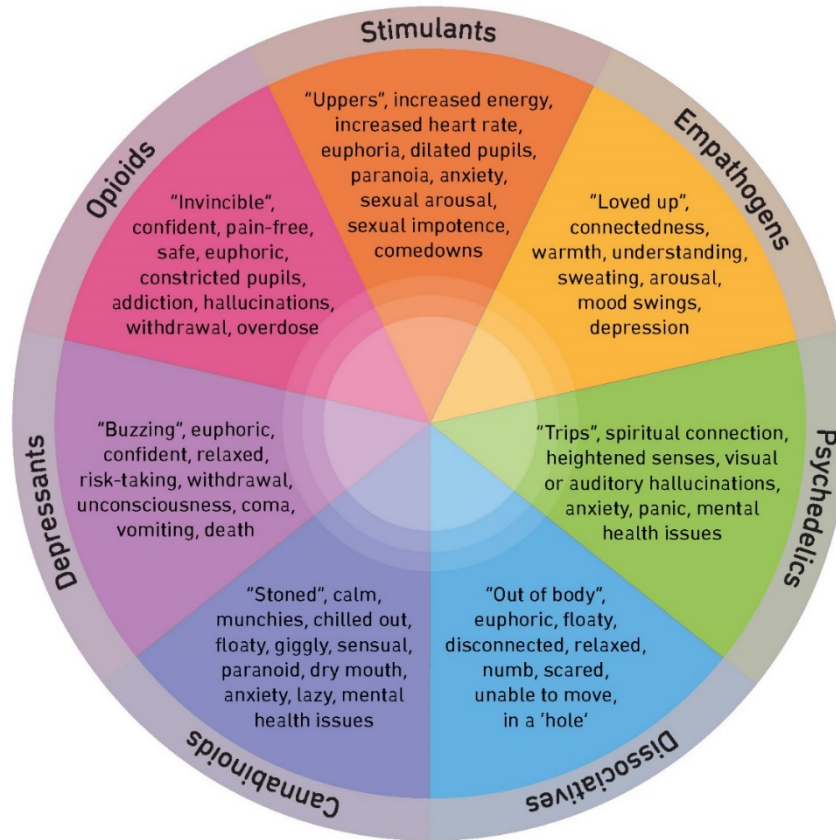
Please watch the following videos prior to Session 2 (Thursday August 20, 2020). It should take about 25 minutes in total. Below, we have also included “The Drugs Wheel”, a newer way of classifying different drugs and their effects; take a look, though we will not be covering this in too much detail.

1. Our understanding of ‘addiction’ www.youtube.com/watch?v=C8AHODc6phg (6 minutes)
2. How do drugs affect the brain? <https://youtu.be/8qK0hXuXOC8> (5 minutes)
3. Taking Care of Each Other: Indigenizing Harm Reduction <https://youtu.be/pA3PyaksBYo> (8 minutes)
4. CATIE: Connecting with Care in Toronto: Keith's story youtu.be/yoCGDQHmVJU (3 minutes)
5. #PeerLife - A Day in the Life of a Peer (short version) https://youtu.be/Ed_5QRYXTSc (3 minutes)

Optional:

- Jay Z - The War on Drugs: From Prohibition to Gold Rush <https://youtu.be/HSozqaVcOU8> (4 minutes)
- #PeerLife-A Day in the Life of a Peer (long version) <https://youtu.be/XcMBpGJqwGU> (10 minutes)
- Overdose 101 & CarryNaloxONE <http://www.ohrn.org/naloxone/> (10 minutes)

A new model for substance awareness



DrugWatch

Stimulants

- Racing heartbeat and breathing
- Confidence, sense of well-being
- Lowered appetite, clenched jaws
- Dilated pupils, euphoria, energy
- Paranoia, mood swings, anxiety
- Visual or auditory hallucinations
- Sexual arousal, sexual impotence
- Swelling, rashes, dehydration
- Depression, violence, confusion
- High-risk sexual behavior
- Damages to internal physical health
- Severe loss of consciousness

Empathogens

- Connected, a sense of belonging
- Warm, understanding, cuddly
- Sexually aroused, sweaty, anxious
- Mood swings, blues, depression
- Mid-week hangovers
- Risk of dehydration/hypohydration
- High-risk sexual behavior
- Increased risk of infectious diseases
- Increased risk of self-harm
- Increased risk of violence
- Increased risk of death

Psychedelics

- Sense of spiritual connection
- Loss of control, panic, terror
- Panic, nihilism, depression, fear
- Heightened medical appreciation
- New experiences, inability to cope
- Enlightenment of the ego
- Visual or auditory hallucinations
- Verbal or physical aggression
- Increased risk of self-harm
- Increased risk of violence
- Increased risk of death

Dissociatives

- Euphoric, relaxed, happy
- Euphoric, numb, protected, safe
- Pain-free, numb, protected, safe
- Unconscious, unaware, in a 'hole'
- Visual or auditory hallucinations
- Excited, disoriented, panicked
- Lazy, unresponsive
- Increased sensitivity
- Increased sensitivity
- Increased sensitivity
- Increased sensitivity

Cannabinoids

- Calm, relaxed, happy
- Bloodshot eyes, giggles, safe
- Pain reduction, loss of memory
- Increased sensitivity
- Increased sensitivity
- Increased sensitivity
- Increased sensitivity
- Increased sensitivity
- Increased sensitivity
- Increased sensitivity
- Increased sensitivity

Depressants

- Euphoria, confidence, risk-taking
- Unconsciousness, coma, death
- Identifiable behaviours, nausea
- Chronic, uncontrolled reaction times
- Aggression, bloodshot, fear
- Aggression, bloodshot, fear
- Aggression, bloodshot, fear
- Aggression, bloodshot, fear
- Aggression, bloodshot, fear
- Aggression, bloodshot, fear
- Aggression, bloodshot, fear

Opioids

- Confidence, sense of well-being
- Feeling invincible, warm, safe
- Death, constricted pupils, itching
- Overdose, euphoria, sleep, sweaty
- Visual or auditory hallucinations
- Reduced risk of violence
- Reduced risk of violence
- Reduced risk of violence
- Reduced risk of violence
- Reduced risk of violence
- Reduced risk of violence



3



ONTARIO
HARM REDUCTION
NETWORK

Cross Cultural Harm Reduction Training Session 2

Thursday, August 20, 2020 1030am to 1230pm

Co-facilitated by:

Drug Culture Experts: Ashley Smoke & Colin Johnson

& the OHRN Team: Christian Hui, Kim Trenchard and Nick Boyce



Zoom Instructions

The image shows the Zoom toolbar with several callout boxes explaining the functions of the icons:

- Unmute:** Turn on your camera if you like and mute your audio when not speaking (red line indicates audio/video is off)
- Stop Video:** (No specific text callout)
- Participants:** Click to open the Participants box. This will allow you to give nonverbal feedback. Below this, a box shows nonverbal feedback options: raise hand, yes, no, go slower, go faster, and more.
- Share Screen:** **Presenters only:** click this to share their screen with with everyone.
- Chat:** Click to open the chat box. This lets you chat with Participants and Hosts.
- Reactions:** Provide quick reaction of applause or thumbs up. Below this, a box shows the chat interface with a "To:" dropdown set to "Everyone", a "File" button, and a text input field "Type message here..."
- Leave Meeting:** (Red text button)

A red box at the bottom right contains the instruction: **Change your name in the Participants box: Name(s), Pronouns, Agency**



Land Acknowledgment

The work of OHRN takes place across Ontario on traditional Indigenous territories on Turtle Island.

Our office is located on the traditional lands of the Anishnaabe, Huron-Wendat, Haudenosaunee, and Mississaugas of the Credit River, where the Dish with One Spoon Treaty binds all allied nations and settlers to peaceably share and care for the resources around the Great Lakes. Today, Toronto is still home to Indigenous people and we are grateful to have the opportunity to meet and work on this territory.

We wish to express gratitude to Mother Earth and for the resources we are using, and honour all Indigenous peoples who have been living on the land since time immemorial.

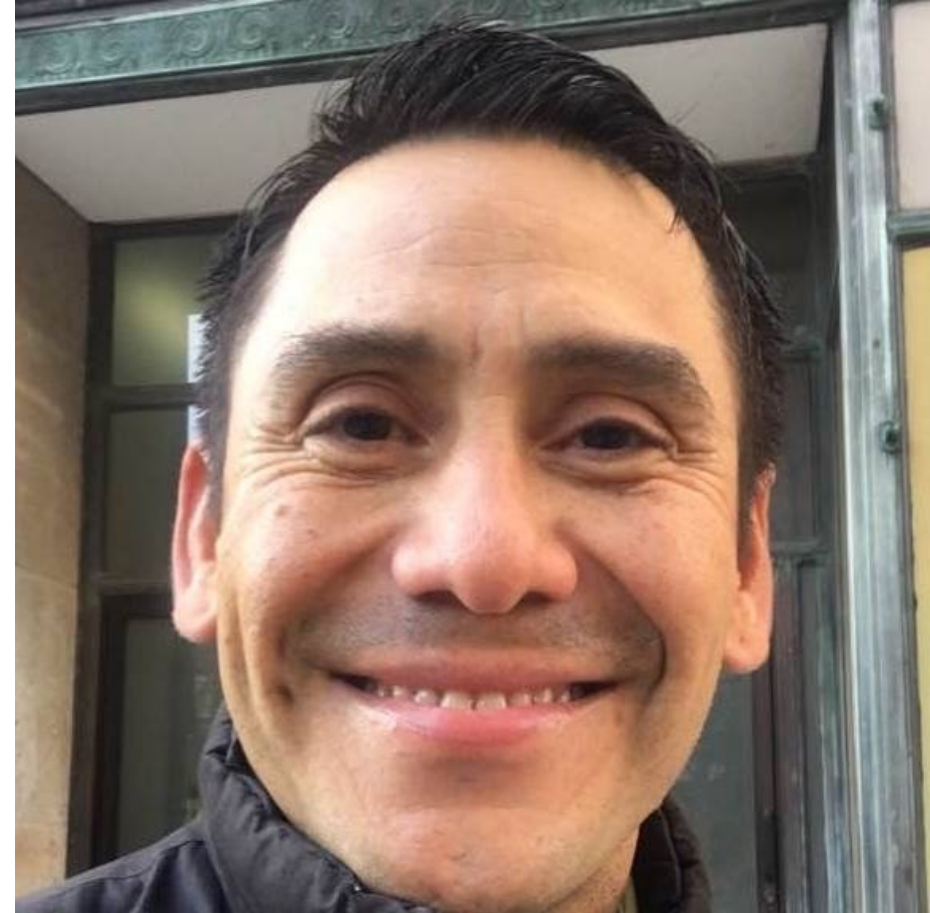




Drug Culture Expert co-facilitators for Session 2: Ashely & Colin



Drug Culture Experts co-facilitating other sessions: Adrian & Samuel





Rapid Fire Icebreaker

- Please click on the 3 dots on the upper right corner and rename option to add the following information to your name: pronouns & agency
 - e.g. Christian Hui (he/him) OHRN
- Please introduce yourself by typing the following in the chat window:
 - Your name
 - Pronouns (he, she, them, or....)
 - Agency and Role
 - One thing you learned from the last session



Re-cap of Session 1

- Does anyone have any questions about the topics we covered last week?
 1. Values and attitudes towards drug use
 2. Stigma and Discrimination
 3. Impact of drug policies on BIPOC communities



Poll: Pre-training activities

Were you able to complete the pre-session training activity?

1. Yes
2. No
3. What pre-session training activity?



Session 2

- Topics
 - Drug/Substance Use 101
 - Harm Reduction philosophy and practice
 - Engaging People Who Use Drugs



Poll: Psychoactive substance and drug use

I would rate my understanding of psychoactive substance and drug use as:

1. None
- 2.
3. Moderate
- 4.
5. High



Poll: Harm reduction philosophy & practice

I would rate my understanding of the harm reduction philosophy and practice as:

1. None
- 2.
3. Moderate
- 4.
5. High



Poll: Engaging People Who Use Drugs

I would rate my understanding on ways to engage People Who Use Drugs meaningfully and holistically as:

1. None
- 2.
3. Moderate
- 4.
5. High



A state of emergency

Drug poisonings and overdoses



Ontario opioid deaths - yearly increases for 20+ years

2017

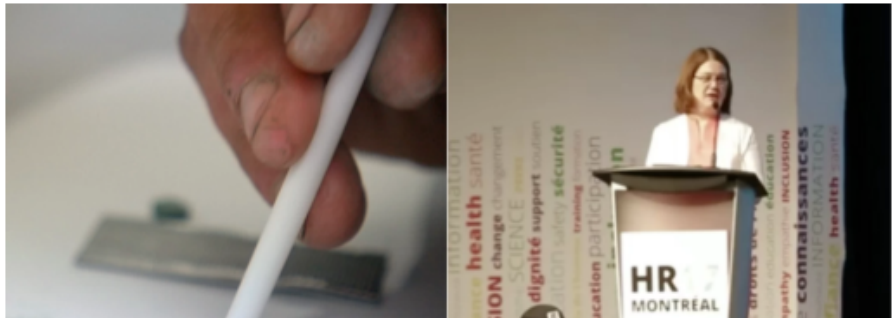
Canada's Health Minister Says Opioid Crisis Deaths Have Surpassed AIDS Epidemic

“The death toll is worse than any other infectious epidemic in Canada.”

SHARE

TWEET

 Allison Tierney
May 15 2017, 3:09pm

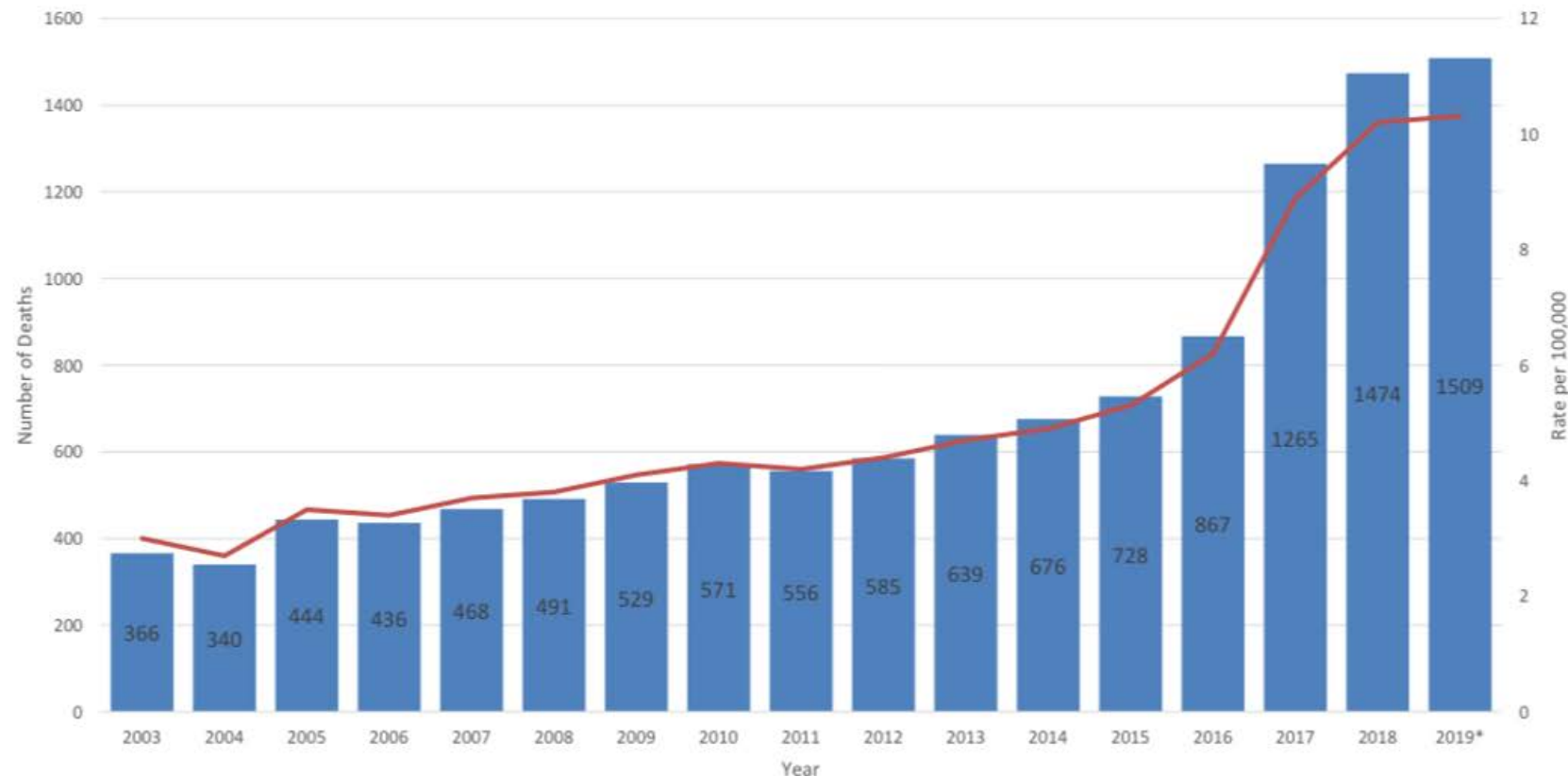


Year	Opioids (Drug)	Opioids (Drug & Alcohol)	Total
2000	91	20	111
2001	151	28	179
2002	172	38	210
2003	197	26	223
2004	200	45	245
2005	246	53	299
2006	237	55	292
2007	298	43	341
2008	302	52	354
2009	369	80	449
2010	420	93	513
2011	448	100	548
2012	474	121	595
2013	513	112	625
Total	4118	866	4984



Coroners' Report 2019 and preliminary 2020 trends

Opioid-related Deaths in Ontario, 2003 to 2019



* 2019 data is preliminary, includes 60 probable cases

3 Note: See Appendix for case definitions



Ontario opioid deaths - yearly increases for 20+ years

Opioid overdose deaths in Ontario

2017: 1,265

2018: 1,450

2019: 1,509*

**2019 may be revised as outstanding investigations are completed*





Coroner's Report 2019 and preliminary 2020 trends

2019 Summary

Based on preliminary data for 2019

- 1509 opioid-related deaths in 2019 in Ontario
 - 3% increase over 2018
- Males 25-44 years continue to be most impacted age group (increased rate in 2019)
- 77% of deaths fentanyl or fentanyl analogues directly contributed to the death
 - 485 deaths carfentanil directly contributed (5x more deaths than 2018)
- Stimulants are the most common non-opioid substances also directly contributing to these deaths
 - methamphetamine involvement increased in 2019 (direct contributor in 1/5 deaths)

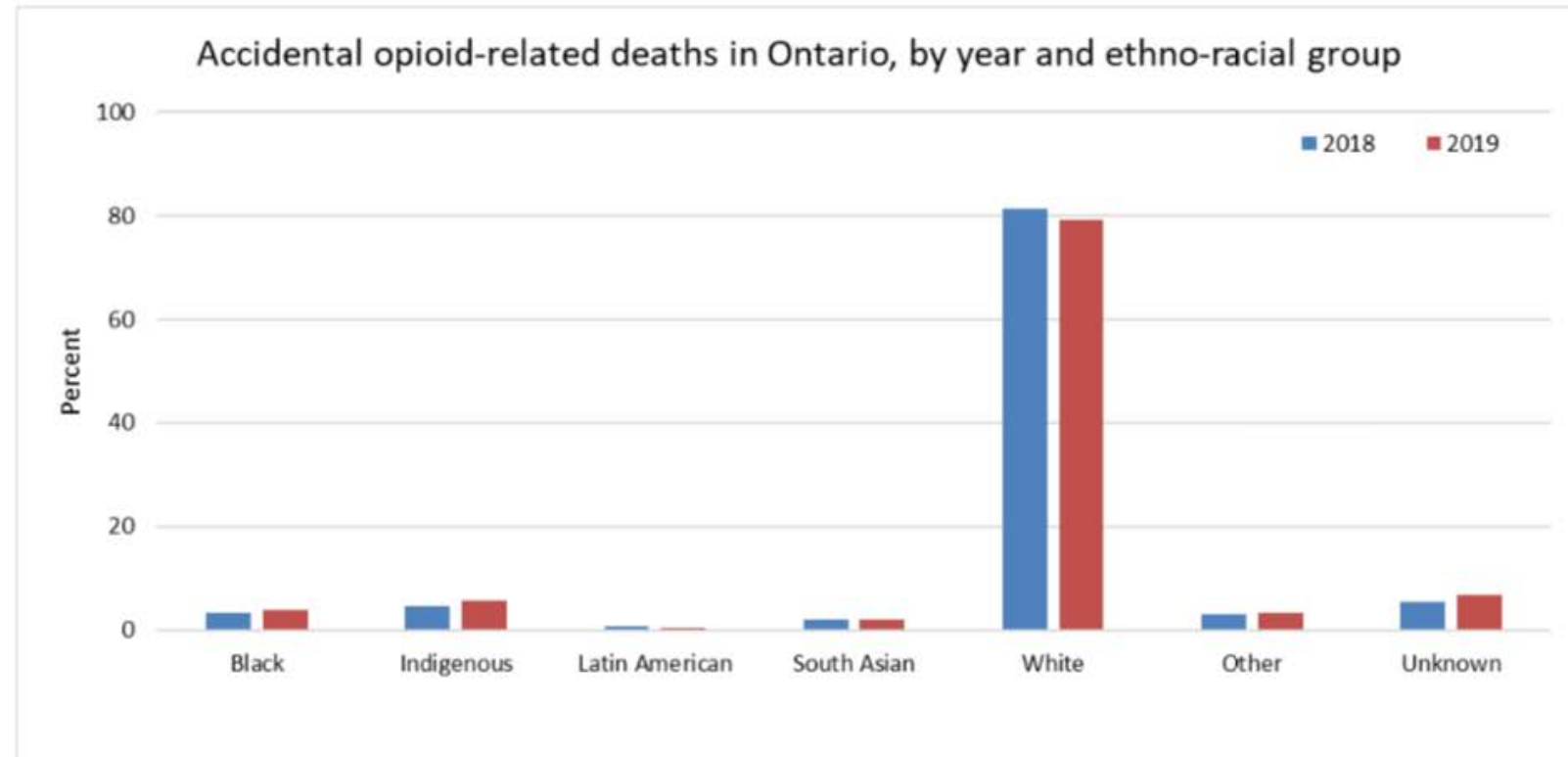
➤ Preliminary information shows an increase in opioid-related deaths occurred in April, 2020



Coroner's Report 2019 and preliminary 2020 trends

Accidental opioid-related deaths by ethno-racial group

Deceased individuals who were Indigenous and Black made up a slightly higher proportion of accidental opioid-related deaths in 2019 compared to 2018

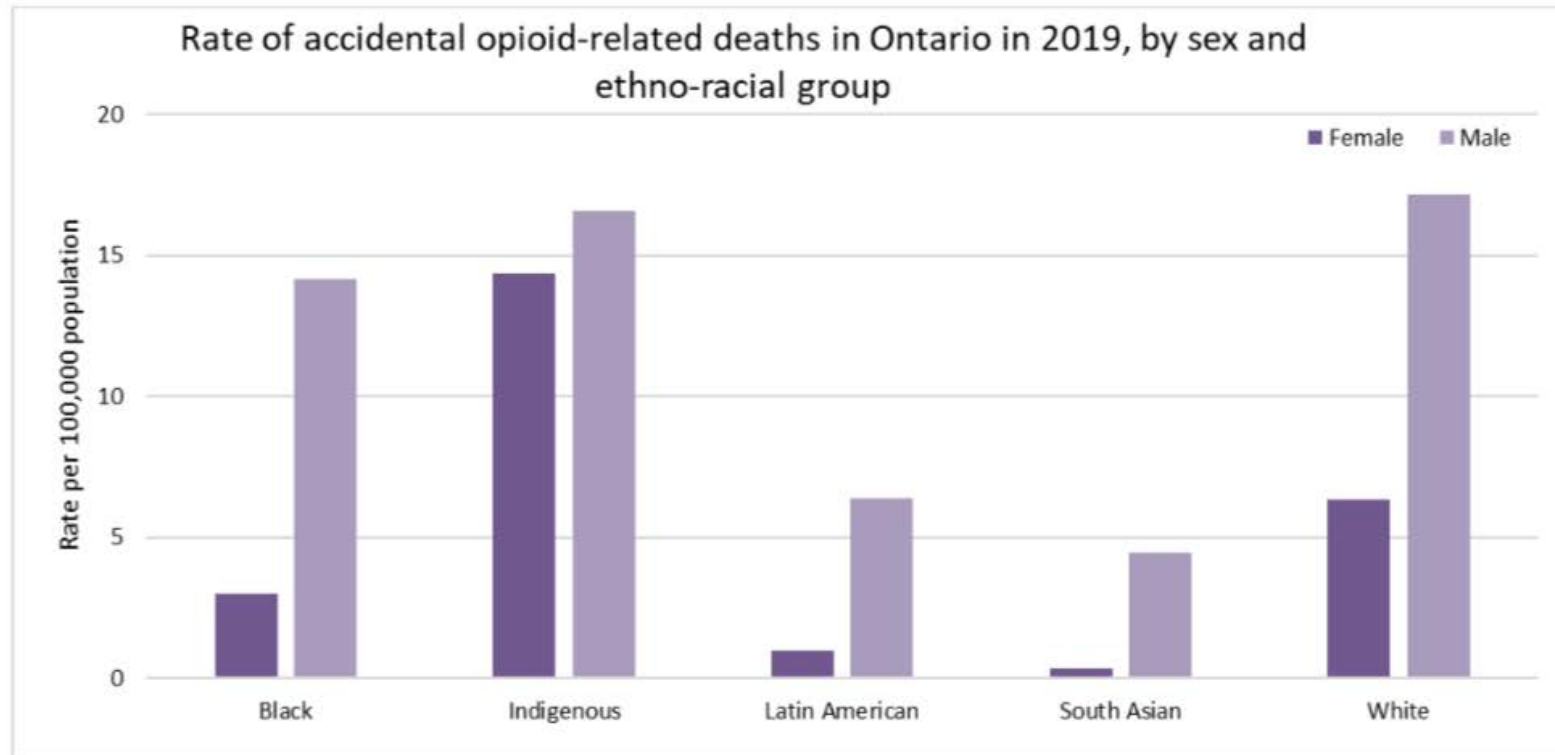


Notes: Collection of this information may be informed by friends or family; however, there may be limitations, as self-identifying race and ethnicity is not possible.

People may be represented in more than one category.



Coroner's Report 2019 and preliminary 2020 trends



- Although Black and Indigenous decedents made up a small proportion of accidental opioid-related deaths compared to White decedents in 2019, the rate of these deaths per 100,000 population among males was almost as high as it was for White decedents
- The rate of accidental opioid-related deaths per 100,000 population was 2x higher among Indigenous females compared to White females

Notes: Ontario comparisons for “Other” and “Unknown” ethno-racial identities are not captured in the bottom figure.

Ontario general population values are based on Statistics Canada 2016 Census data on visible minorities and ethnic origin for the population in private households.



Drug/substance use 101



Drug/Substance Use 101

- TED-ED How do drugs affect your brain Sara Garafolo <https://youtu.be/8qK0hXuXOC8>



How do drugs affect the brain? - Sara Garafalo

Group Discussion

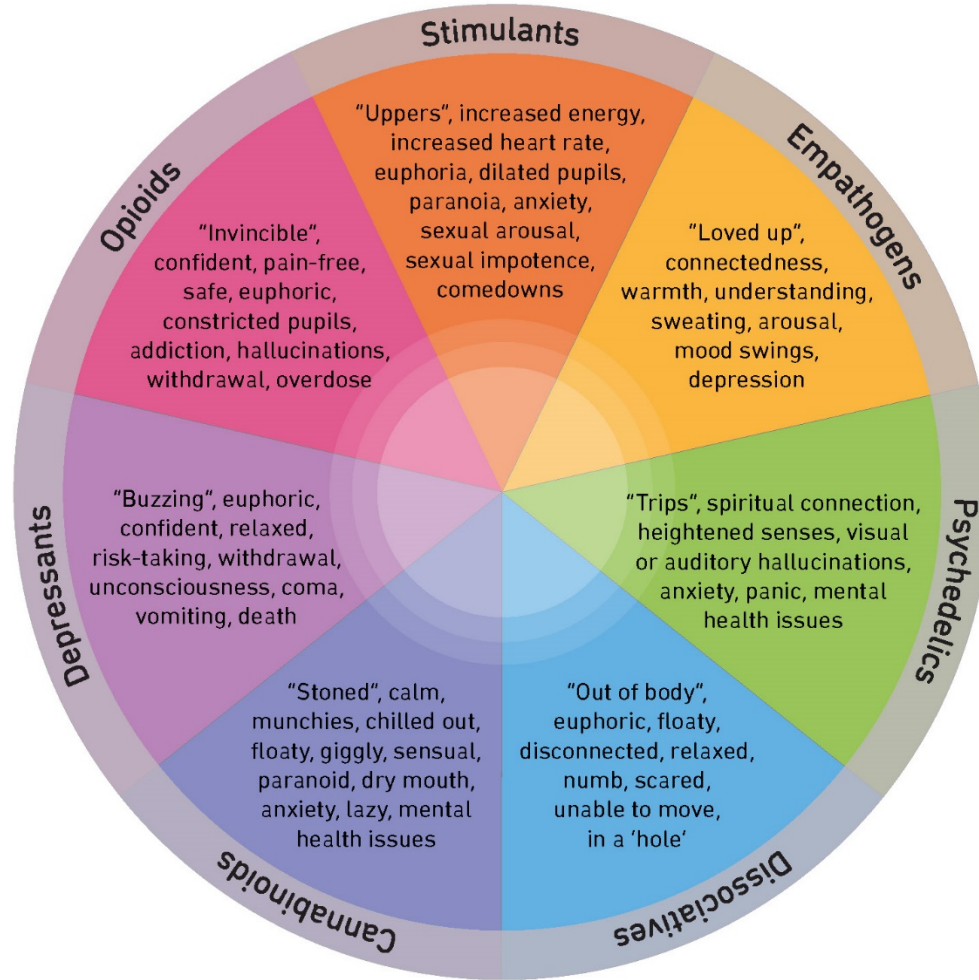
Drug/Substance Use 101



- Can you name the main classes of drugs and their effects?
- From your experience, what type of drug use is more common in the community you support?
- From your experience, what types of support do People Who Use Drugs from your community seek from you/your agency?

The Drugs Wheel

A new model for substance awareness



Not to be used for commercial purposes, visit www.thedrugswheel.com for licencing details

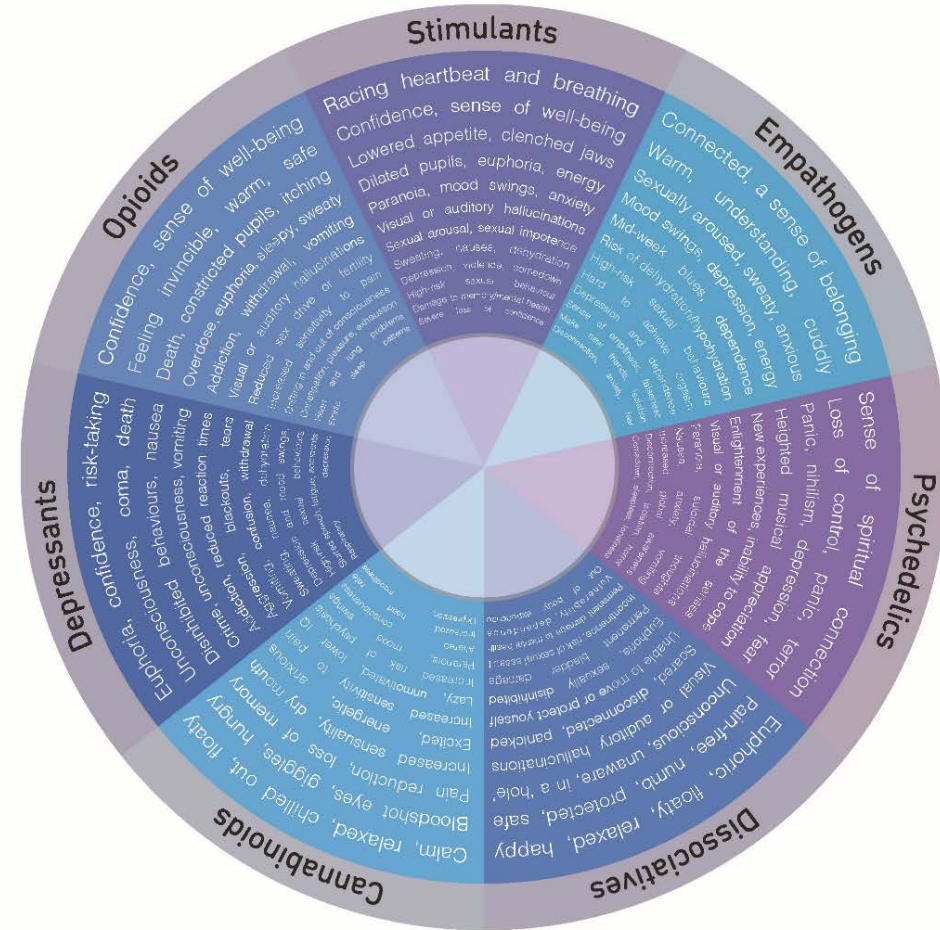


The Drugs Wheel by Mark Adley is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 Unported License. Permissions beyond the scope of this license may be available by contacting mark@thedrugswheel.com.

Designed in collaboration with DrugWatch: an informal association of charities, organisations and individuals who share an interest in establishing a robust early warning system in the UK for all types of drugs.



The Effects Wheel



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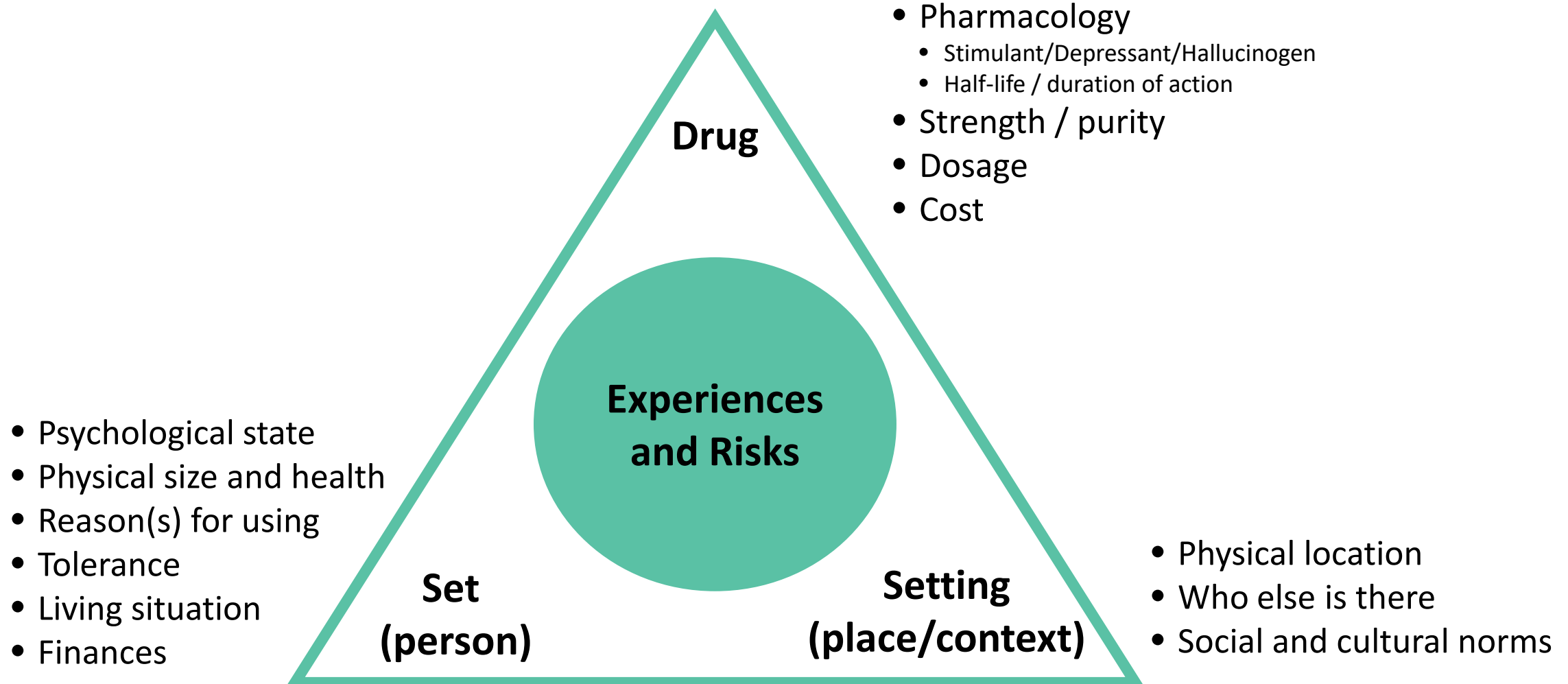
The Drugs Wheel by Mark Adley is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 Unported License. Permissions beyond the scope of this license may be available by contacting mark@thedrugswheel.com.

Designed in collaboration with DrugWatch: an informal association of charities, organisations and individuals who share an interest in establishing a robust early warning system in the UK for all types of drugs.



Understanding experiences and risks

Drug : Set : Setting





Tour Vancouver's first Supervised Injection Site




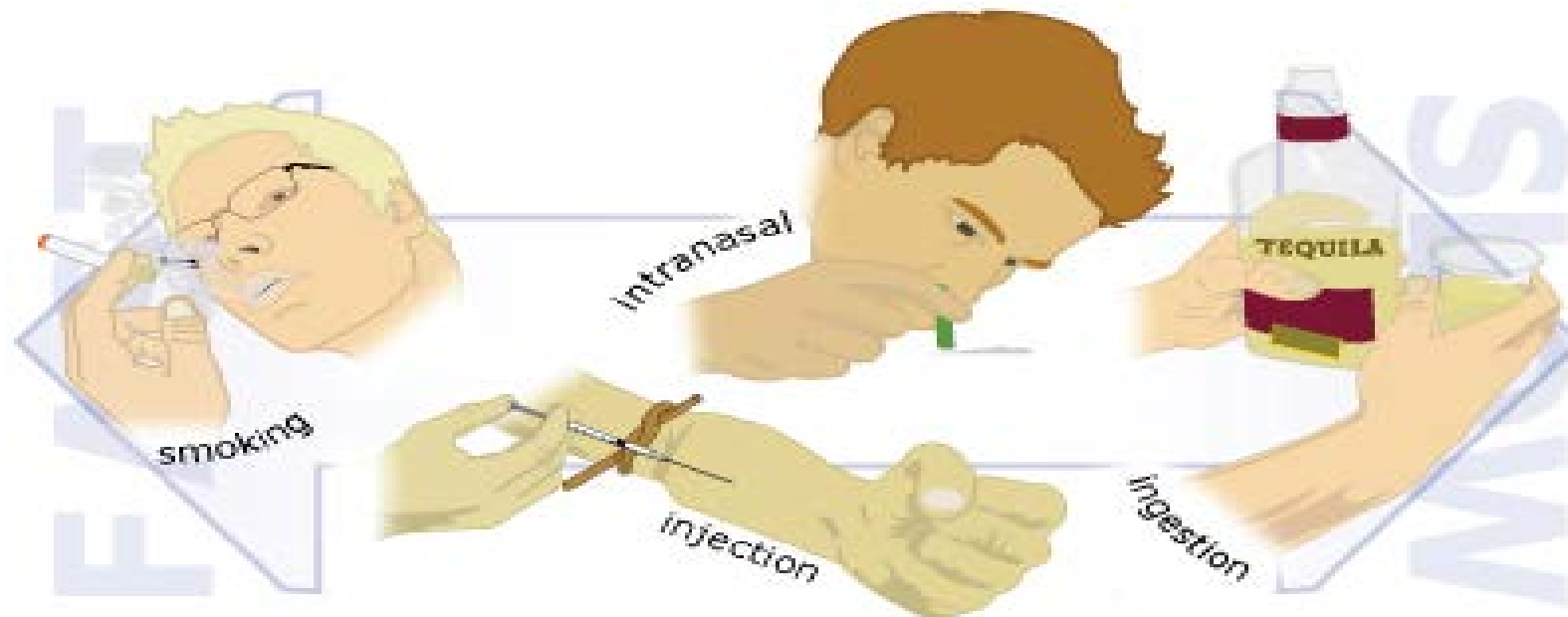
Tour Vancouver's first supervised injection site

<https://globalnews.ca/video/rd/645203523810/?jwsourc=cl>



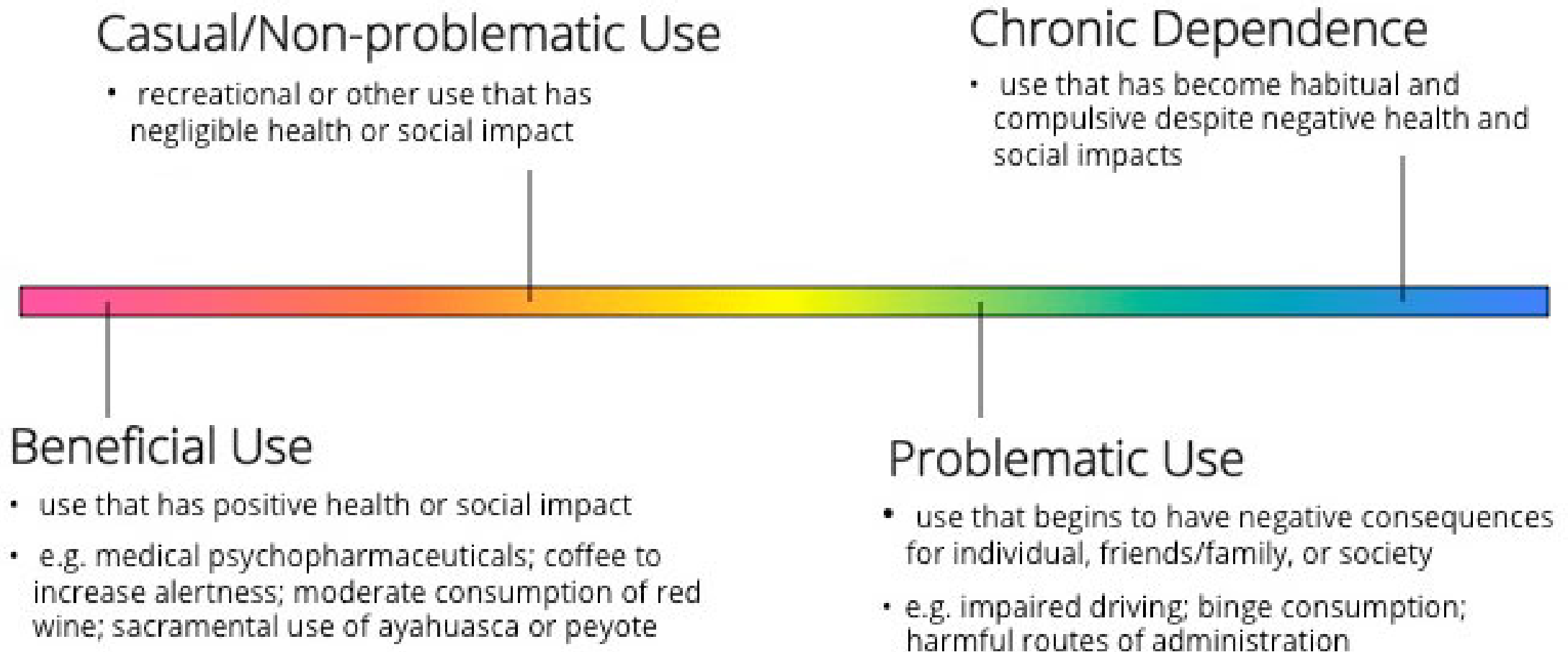
Routes of administration (e.g. crystal meth)

	<u>Effects Felt</u>	<u>Duration</u>	
Inject	< 1 min	3-7 hrs	 Intensity of effects
Smoke	< 1 min	3-7 hrs	
Snort/rectal	5-10 mins	4-10 hrs	
Swallow	20-60 mins	5-12 hrs	





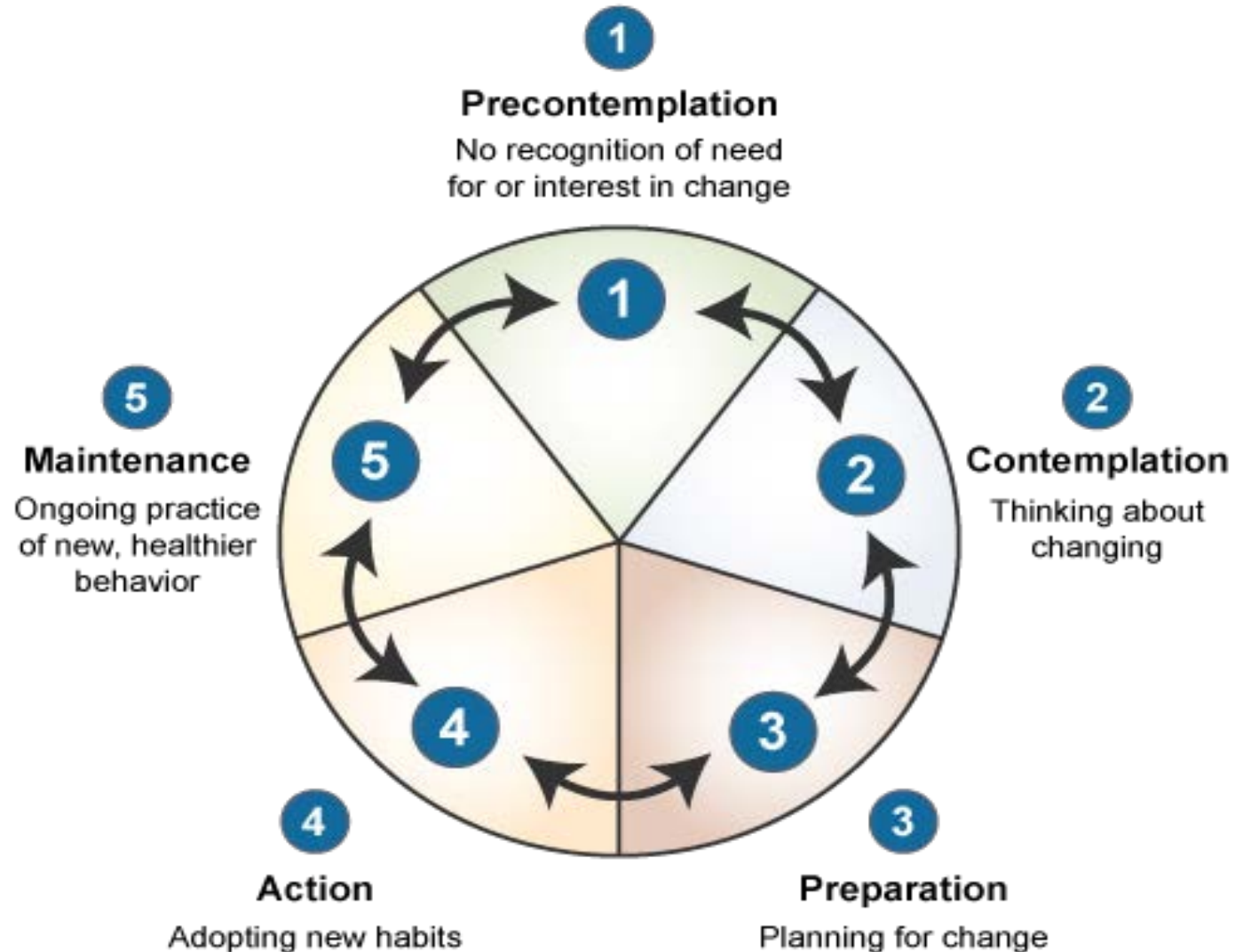
Spectrum of drug/substance use





Stages of behaviour change

- Are people ready?
- Do they even want to change?
- What awareness, resources, or supports do they have?





Our understanding of 'addiction'

www.youtube.com/watch?v=C8AHODc6phg





Group Discussion

Our understanding of 'addiction'

- What stood out for you about this video?
- Has the video shifted your values and attitudes about addiction?
- Has the video changed how you will support service users who use drugs?



Harm Reduction: What is it?

And how can we make it relevant to the BIPOC Community?



Historical harm reduction initiatives

- What are now considered “standard” harm reduction programs and services were all originally driven by PWUD taking initiative, often breaking rules, and challenging the status quo:
 - Needle exchange in the 70s/80s
 - Crack pipe distribution in the 80/90s
 - Drug checking at raves in the 90s
 - Naloxone distribution in the 00s
 - Drug Consumption Sites in recent years – but forever, “underground”





Harm Reduction 101 (Drug Policy Alliance)



HARM REDUCTION 101

<https://youtu.be/W7epsLmN604>



Human connections and reaching out

Harm Reduction programs are often the first, or only, contact that people who use drugs have with health or social service providers





“Harm reduction is about building relationships and deepening those relationships.”

– Donald MacPherson, Canadian Drug Policy Coalition



www.drugpolicy.ca



What is Harm Reduction?

Any Positive Change

- ✦ Reduces negative consequences, from managed use to abstinence
- ✦ Meets people "where they're at"



Reality Based

- ✦ Accepts, for better or worse, that drug use is part of our world.
- ✦ Does not minimize real, tragic harms of illicit drug use

How It Works

- ✦ Non-judgmental, non-coercive collaboration
- ✦ Quality of life as standard for success, not necessarily cessation of use



Empowering

- ✦ People who use drugs are primary agents of change
- ✦ Gives people who use drugs a real voice in policies



Social Justice

- ✦ Recognizes social inequalities increase harms
- ✦ Works to abolish racialized drug policies and dismantle oppressive systems



indianarecoveryalliance.org
indianarecoveryalliance@gmail.com



Harm Reduction is...

- About social inclusion
- Founded on
 - Principles of respect, public health and social justice
 - Knowledge that many drug related problems are the result of failed drug policy and laws
- Practices, programs and policies
 - All aimed at reducing harms associated with drug use
- Requires us to think individually and systemically

(Canadian Harm Reduction Network)



Harm Reduction is NOT...

- Value based about drug use
- Saying that drugs are good, or bad
- Encouraging or enabling drug use
- Causing people to start using drugs
- A drain on resources for treatment
- A stepping stone to abstinence
- Anti-abstinence
- A “Trojan Horse” for legalization



Enabling drug use?

- Harm reduction enables people to:
 - Not feel judged or stigmatized
 - Stay alive
 - Use more safely
 - Avoid infections
 - Get connected to care and supports



Examples of Harm Reduction

- Equipment distribution (e.g. “needle exchange”)
- Safer use spaces
 - Supervised Injection Site
 - Drug Consumption Room
 - Overdose Prevention Site
 - Consumption and Treatment Services (current name in Ontario)
- Peer witnessing
- Safer use practices
 - “less is more”; safer injection techniques; hydration; eat/sleep
- Drug checking
- Naloxone distribution and overdose response plans
- Safe Supply Program
- Opioid Agonist Therapy (OAT) (methadone or buprenorphine)



Taking Care of Each Other: Indigenizing Harm Reduction



Taking Care of Each Other: Indigenizing Harm Reduction

<https://youtu.be/pA3PyaksBYo>

Group Discussion: Harm Reduction 101



1. In your own words, describe what harm reduction is.
2. What are some examples of harm reduction practices related to drug use you can think of?
3. What are examples of harm reduction practices that are used in the Indigenous and/or ethno-cultural communities you belong to?



Harm Reduction – Indigenizing & Decolonizing the work





People Who Use Drugs (PWUD)

Involvement in planning, design, delivery, and decision making of programs, services and organizations



CATIE: Connecting with Care in Toronto: Keith's story



Connecting with Care in Toronto: Keith's story

youtu.be/yoCGDQHmVJU



Engaging People Who Use Drugs: #PeerLife - A Day in the Life of a Peer



#PeerLife - A Day in the Life of a Peer (long)

<https://youtu.be/XcMBpGJqwGU>

Group Discussion:

CATIE: Connecting with Care in Toronto: Keith's story

#PeerLife - A Day in the Life of Peer



1. What struck you about the videos?
2. What are reasons organizations should employ and meaningfully engage People Who Use Drugs/Drug Culture Experts?
3. What maybe some organizational opportunities, advantages and challenges to engage Drug Culture Experts?



Top reasons to hire PWUD

Raffi Balian and Cheryl White!

- Employing PWUD demonstrates a program's commitment to improving the health and human rights of people who use drugs
- Employees who use drugs can become excellent role models for other PWUD
- PWUD are often the most effective public health messengers for reaching other drug users
- Hiring PWUD provides employers with direct access to valuable knowledge about the needs and practices of their target populations



Top reasons to hire PWUD

Raffi Balian and Cheryl White!

- Being gainfully employed in jobs that are valued and recognized as socially important contributes directly to improved self-esteem
- Working in a structured environment allows PWUD to gain important skills that can facilitate future entrance into other jobs
- Working in community-based projects is integral to increased feelings of belonging and contributing to a community
- Employing and organizing PWUD contributes to civic engagement and political responsibility for PWUD and the organization itself



Developing a Harm Reduction Policy

- Clearly define harm reduction as it fits with mandate
- Develop policy or position statement
- Communicate commitment to all staff and people accessing services
- Educate staff
- Clarify actions that support harm reduction
- Review effectiveness
- Involve people who use drugs!



Engaging People Who Use Drugs: additional resources

- OHRN webinar: “Engaging People Who Use Drugs”

<http://bit.ly/pwud-engage>

- Organizational Harm Reduction Self Assessment Tool

<https://www.dropbox.com/s/saw27n1z8zxkp wz/Organizatioal%20Harm%20Reduction%20Self-Assessment.pdf?dl=0>

- OODP Substance Use Policy Guide for ASOs

<https://oodp.ca/product/substance-use-policy-guide-for-asos/>

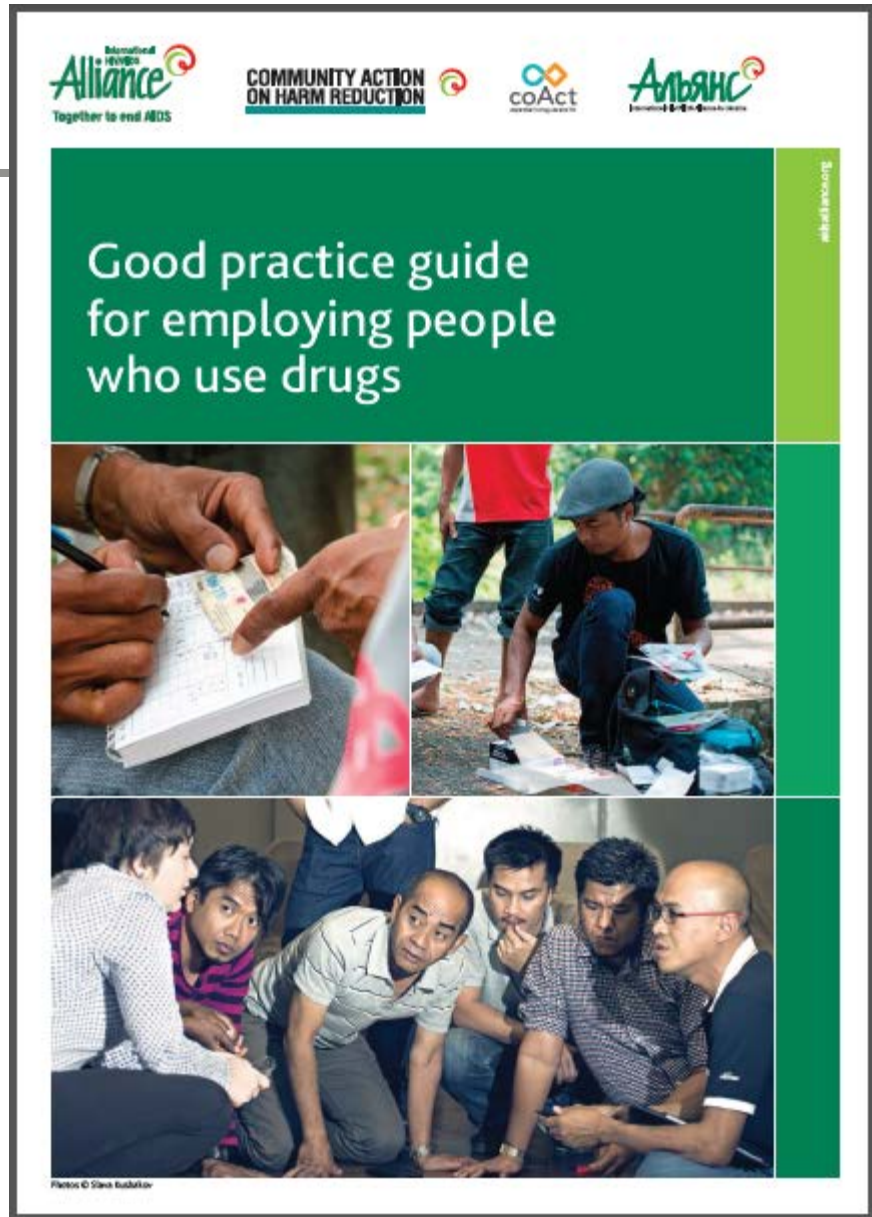


Working With People Who Use Drugs:

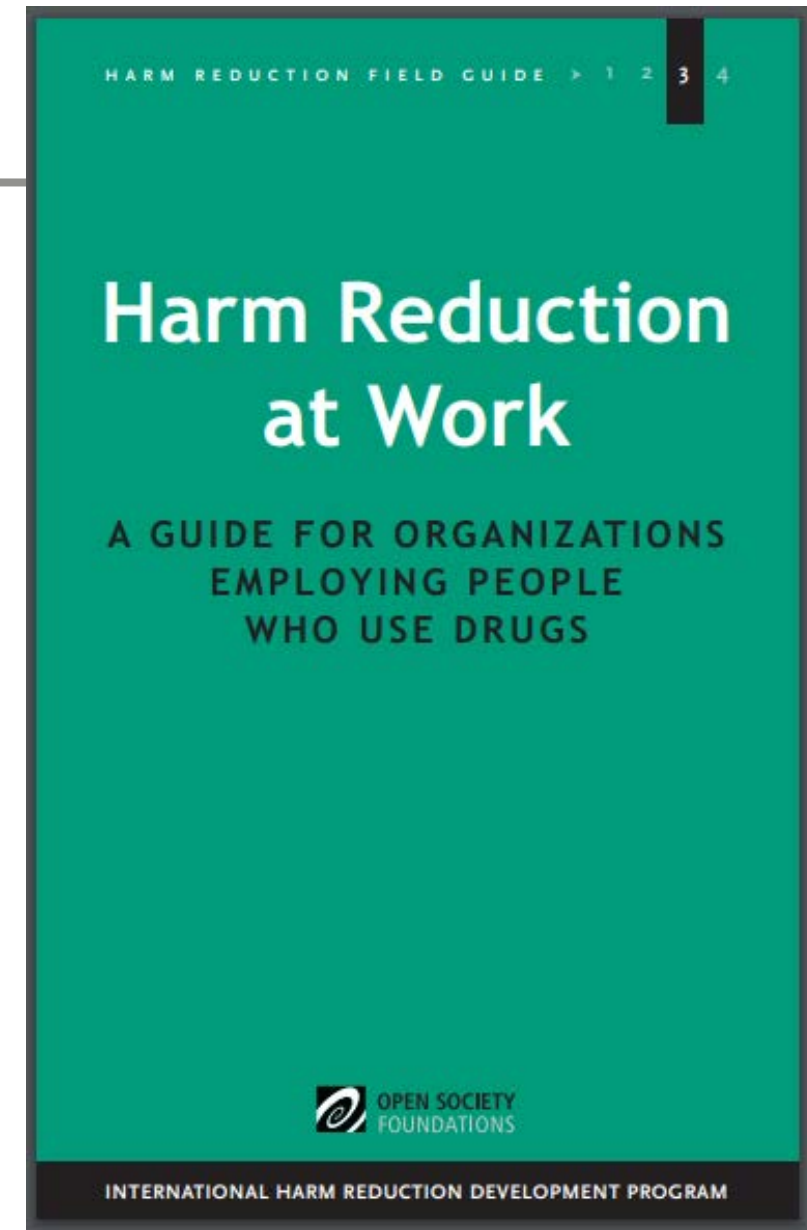
A harm reduction approach



A guide for
nurses & physicians
pharmacists
social workers &
counsellors
police officers
corrections workers
community leaders



[Source](#)



[Source](#)





Overdose 101 & CarrynaloxONe



carrynaloxONE (carry naloxone)

Get ready. Get trained. Save lives.

<http://www.ohrn.org/naloxone/>

Group Discussion

Overdose 101



- Can you name signs of someone experiencing an opioid overdose?
- What is the primary function of Naloxone/Narcan?
- What are the steps you should take when you see someone experiencing an overdose?



Reflection

- How do all these relate the work of your agency and the service users you are supporting?
- How can you as a worker or an agency better support People Who Use Drugs (PWUD)?
- What are some of the opportunities and challenges faced by your agency to engage in harm reduction work?
- How can you as a worker or as an agency engage PWUD meaningfully?

Feedback Survey



Please provide feedback on Session Two at the following link:

<https://www.surveymonkey.com/r/crosshr2>

Contact Us



Email: [info @ ohrn.org](mailto:info@ohrn.org)

www.ohrn.org

