

# Policy and Programming Responses to the Opioid Crisis at Canadian Post-Secondary Institutions

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2019

# Purpose of the Study

This study aims to frame and assess the scope of response to the opioid crisis at 96 Canadian post-secondary institutions.

Why is this important?



↑  
**27%**  
OPIOID-RELATED  
HOSPITALIZATIONS  
2013-2017 (National)

**17**

HOSPITALIZATIONS PER DAY (2017)

**3996**  
Deaths attributable  
to opioid overdose  
(2017)

**72%**

Of overdose related deaths (2016-2017) present with traces of  
**FENTANYL**

**YOUTH 15-24  
&  
YOUNG ADULTS 25-44**

**Fastest-  
growing  
rates of  
hospitalization**

2007/2008-2016/2017

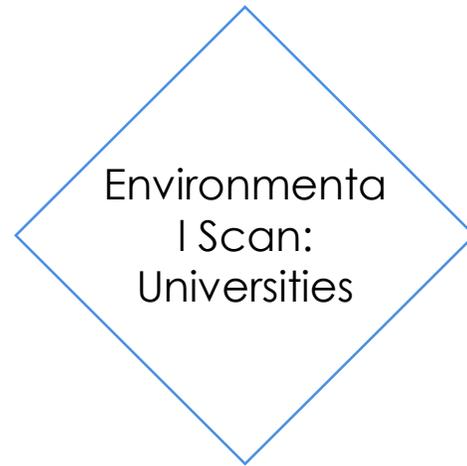
**Highest- and  
fastest-growing  
rates of ED visits**

2012/2013 - 2016/2017

# Methods



Framing provincial responses of high-risk regions to contextualize university responses.



Collection and review of publicly accessible documents and local media on policy and programming responses by 96 universities.

Review informed development of



The 96 universities were invited to confirm, clarify or expand on analysis findings. 41 universities opted to use the survey.



Qualitative content analysis and policy analysis of documents collected and survey responses, identification of best practices and gaps in responses.

# Categories of Policies on Drug Use (I)

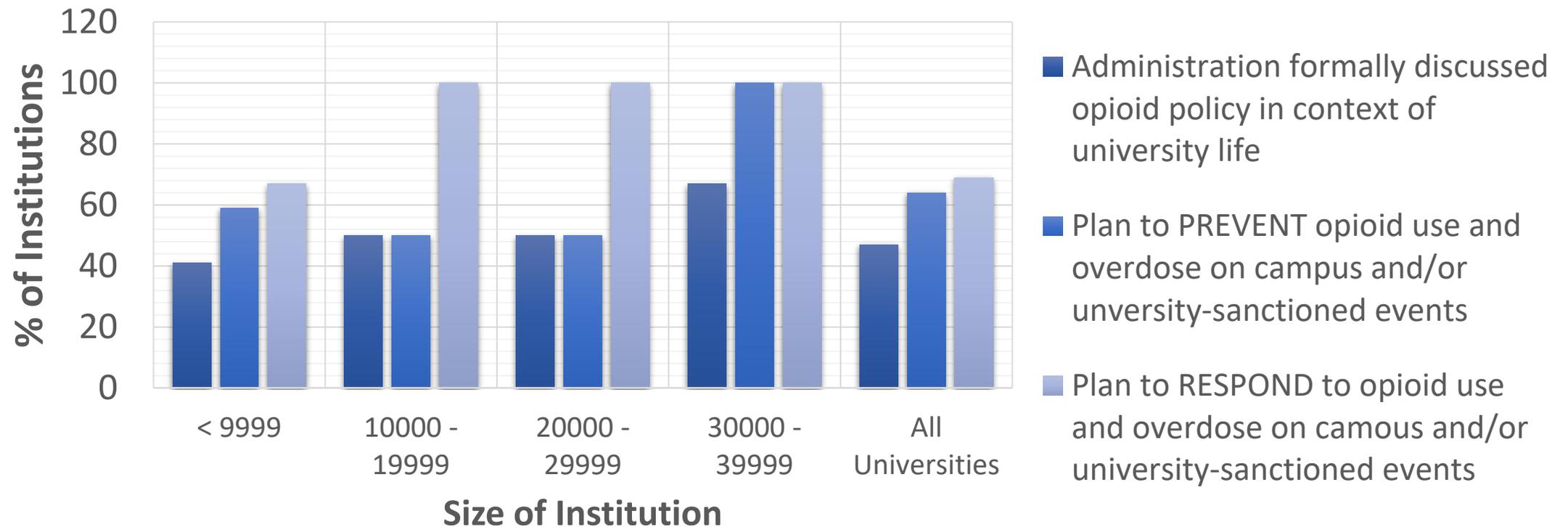
Policy Category	Definition/Inclusion Criteria
<b>Policy on Drug Use</b>	Any mention of prohibition or control of illicit substances/drugs in a university-wide policy, whether included under a titled alcohol policy, student code of non-academic conduct, or a stand-alone drug policy. Residence life and athletics specific policies are not included as university-wide.
<b>Policy on Response to Drug Use</b>	University-wide provision of substance abuse or addictions counselling, excluding general mental health counselling and referral systems to external community resources. Providing drug facts sheets/information on a student wellness page are not considered sufficient to amount to policy to respond.

# Categories of Policies on Drug Use (II)

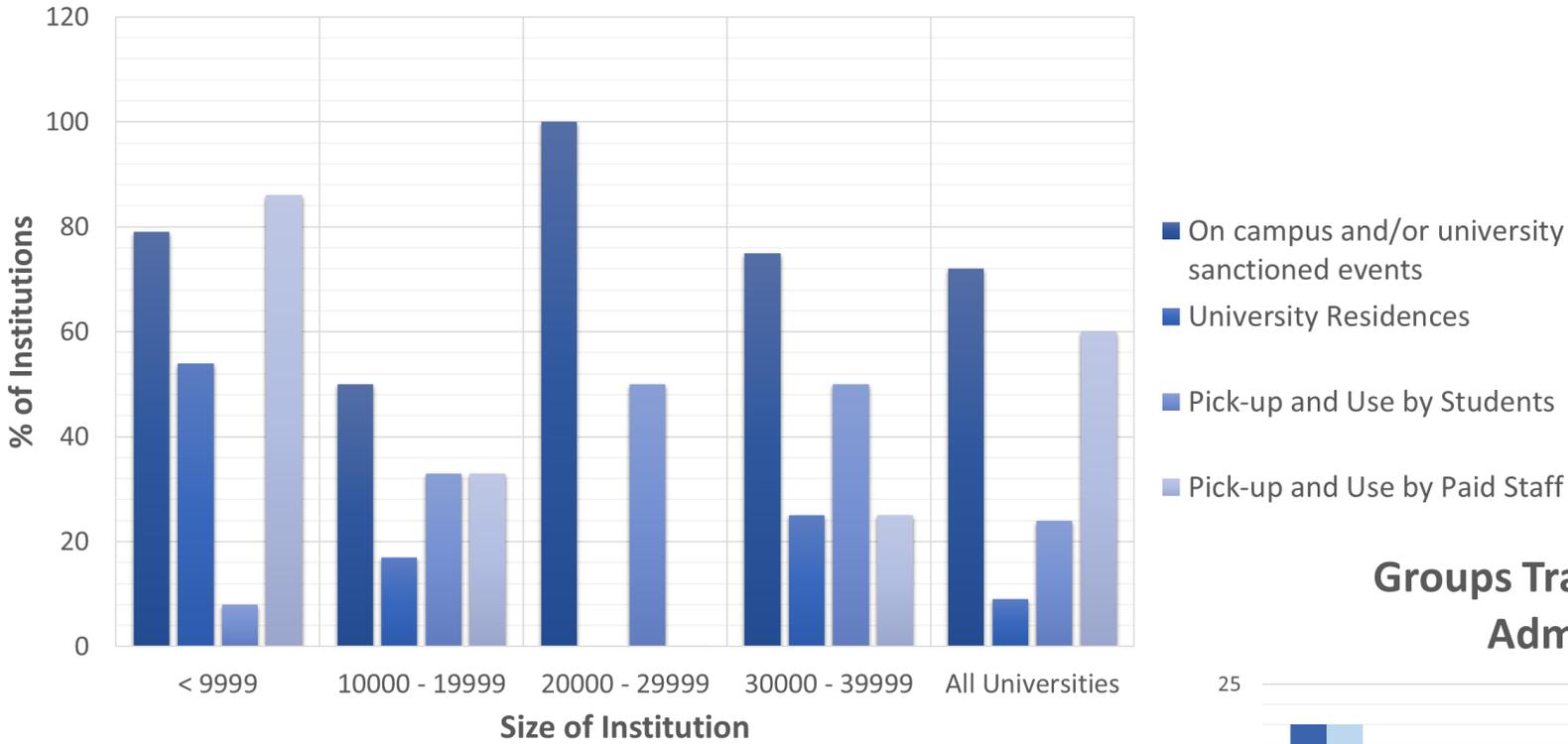
Policy Category	Definition/Inclusion Criteria
<b>Policy on Opioid Response</b>	University-wide policy addressing use of opioids as a distinct category from other drugs, including the incorporation of opioids under a drug policy entailing prohibition or disciplinary measures or provision of website information (usually on Student Wellness page) on the risk factors, harms and precautions of opioid use. Several universities have taken the role of research center - such as collaborating with regional health and other authorities, publishing findings on opioid use, but had no acknowledgement of opioid threat on their own campus; they are not included as having a policy on opioid response.
<b>Policy on Naloxone Administration</b>	One or more of the following interventions were considered a policy on naloxone: equipping staff and/or students, offering trainings (whether as part of pick-up requirement or distinct), and distributing naloxone kits (with or without requirement of identifying as at risk).

# University Policies Pertaining to Opioids

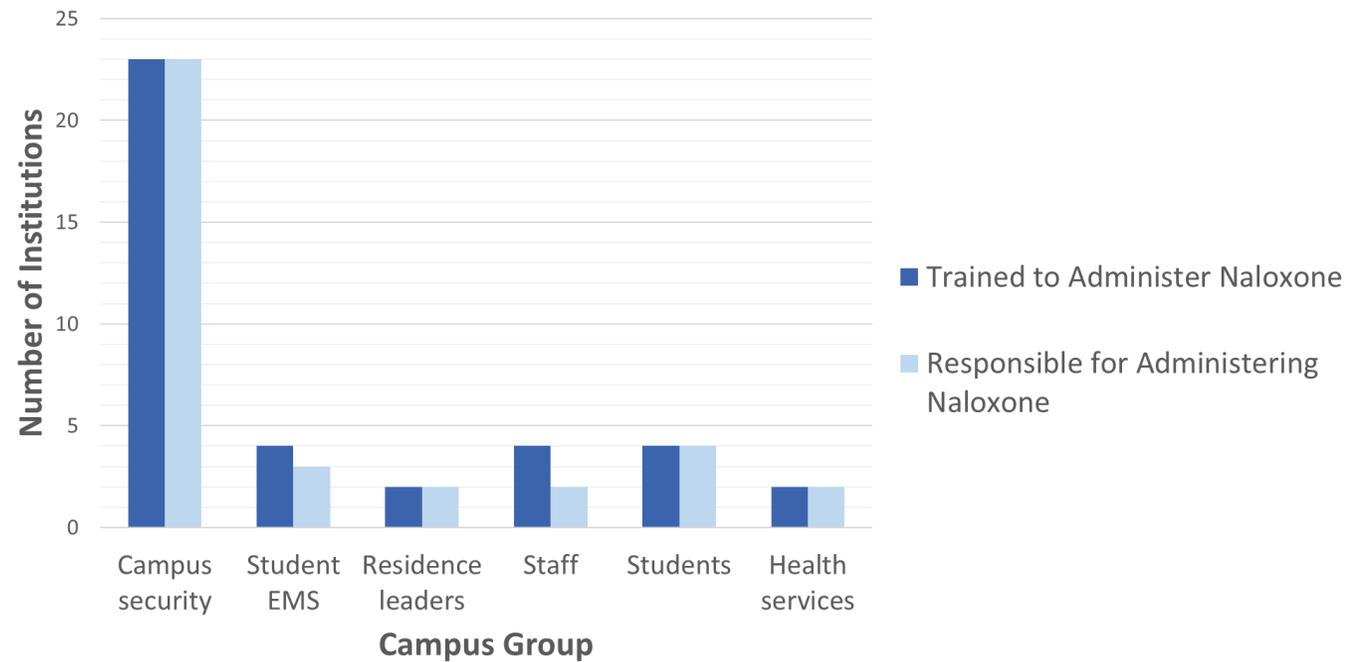
## University Policy Pertaining to the Opioid Crisis



## Naloxone Provision/Distribution on Campus



## Groups Trained to Administer & Responsible for Administering Naloxone on Campus



# Best Practices

- Normalizing Naloxone
- Not Requiring Disclosure for Access
- Training a Variety of Campus Community Members
- Partnering with External Agencies

# Normalizing Naloxone

- Normalizing Naloxone opens the conversation about opioid use and Naloxone among students and on university campuses, creating a safer space for students to access the resources they need to respond.
  - Integrating discussions on opioid use and Naloxone into regular campus life, with the goal of reducing stigma around use.
  - Using innovative training approaches reflecting student priorities
  - Making Naloxone kits available to students free of charge in a confidential manner and with as few barriers to access (e.g. restrictions on who is eligible to carry based on risk) as possible

# Not Requiring Disclosure for Access

- Requiring students to identify as being “at risk of an opioid overdose” is stigmatizing because it forces an individual to identify to others as a user, presenting a strong barrier to access to Naloxone.
  - Not requiring disclosure about individual-level drug use behaviours to access training and Naloxone.

# Training a Variety of Campus Community Members

- Training and equipping campus security for Naloxone administration is a logical first choice for many, however there are a number of other campus community members who are well placed to quickly administer Naloxone when needed. Training a variety of campus community members can be reasonably assumed to improve campus-wide preparedness.
  - Providing training on opioids and Naloxone administration to a variety of campus community members, including campus security, residence life staff, administrative staff.
  - Training and equipping key campus community members who interact with students who reside on or spend a large portion of their time on campus.

# Partnering with External Agencies

- Many universities tapped into/capitalized on existing services being provided by external agencies, such as municipal or provincial government agencies. Partnerships may empower universities to do more at university administration level rather than relying on student-led initiatives as the first or only response.
  - Partnering with external agencies with greater resources and expertise to design and deliver programming in response to the opioid crisis, which also aligns university's response with the municipal or provincial response.
  - Facilitating student access to external agency resources by bringing them onto campus or otherwise making the connection for students.

# References

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6. Universities Canada. (2018). Enrollment by University. Retrieved from <https://www.univcan.ca/universities/facts-and-stats/enrolment-by-university/>