Sharing Public Health News & Views

nexus

with the Health Care Community

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Fentanyl Deaths Increasing

The number of fentanyl-related deaths in Ontario has greatly increased since 2002. From 10 deaths in Ontario in 2002, there have been a total of 928 deaths during the period from 2002 to 2014. The initial fentanyl deaths were caused by the diversion of prescribed fentanyl patches which were then smoked or injected to get high. Now the deaths are also caused from the use of bootleg or synthetic powered fentanyl.

Bootleg fentanyl is a powdered form of Fentanyl with 100% purity. It is typically pressed into pills and has been known to be sold as OxyContin or Heroin in the province. According to police reports, bootleg fentanyl is now in the Leeds, Grenville, and Lanark area, both in the power form and also laced with other drugs, like cocaine.

Bootleg fentanyl has the potential to be more fatal than the use of the transdermal fentanyl patches because: 1) a small amount can be fatal - as little as 2 grains of salt; and 2) people may not be aware that they are consuming it as it can be disguised as other drugs. This is a particular concern for recreational drug users who may be unknowingly using bootleg fentanyl.

Where possible, please provide the following information to individuals you know who are using or who are at risk of using bootleg fentanyl.

- Synthetic Fentanyl appears to be sold as a white powder in vials or pill bottles.
- Fentanyl is 100 times more toxic than morphine.
- Synthetic Fentanyl may be more fatal due to the purity.
- Synthetic Fentanyl may be sold as other opioids.
- Don't mix Fentanyl with any other opioid, benzodiazepines or alcohol.
- Use smaller amounts of Fentanyl if there has been a period of non-use of more than 2-3 days.
- If Fentanyl is a new drug or form of the drug, then the risk is lowered if smaller amounts are used.
- Don't use Fentanyl alone.
- Call 911 if an overdose occurs and administer naloxone if a kit is available.

Naloxone kits to reverse an opioid overdose are available at the Heath Unit for individuals who are drug users, and from pharmacies for drug users and interveners (people who know of those who are drug users).

The Health Unit has established a drug info e-mail to collect data from various community members (e.g. law enforcement, hospitals, schools) about what they are seeing with respect to fentanyl use. It's hoped that through this mechanism we can get a better picture of what is happening in the community. If you are interested in participating in this program please contact Jennifer Adams (see contact information below).

The Health Unit is also developing an electronic overdose surveillance form to help improve surveillance in the area. The form will not ask for any information that would identify clients. More information will be released as it becomes available.

If you have any questions, or would like more information about Harm Reduction and the services available in Leeds, Grenville and Lanark, please contact Jennifer Adams, Harm Reduction PHN Coordinator at jennifer.adams@healthunit.org or 613-283-2740, ext. 2415.

INSIDE:

nexus ('nek-sus) noun, Latin: bond, tie; from nectere - to bind : a connection or link between things, persons, or events esp. that is or is part of a chain of causation

Source: Merriam-Webster's Dictionary of Law, © 1996 Merriam-Webster, Inc.

Leeds, Grenville & Lanark District HEALTH UNIT

The Importance of Preconception Health

"Preconception Health refers to the health of all individuals during their reproductive years, regardless of gender identity, gender expression or sexual orientation" (Ontario Public Health Association, 2014).

Investing in the health of all individuals in the reproductive and family forming time period can contribute to a healthy pregnancy and positive health outcomes for mother and baby, readiness for adoption, and healthy children and families.

The National Preconception/Interconception Care Clinical Toolkit from the University of North Carolina is an easy tool for health care providers to assess and promote reproductive health messages at all visits with individuals in their reproductive years. http://beforeandbeyond.org/toolkit

The Health Unit is promoting preconception health through the "What's Your Plan" program. Detailed information and resources for women and men including "thinking about being sexually active", "readiness for a baby", and more, is available at http://www.healthunit.org/pregnancy/planning/index.html

If your office/organization would like printed copies and/or electronic copies of the promotional posters for the What's Your Plan campaign, please contact the Health Unit.

Preventing Sexual Transmission of HIV

CATIE[2], Canada's source for Hepatitis C and HIV information, has recently released statements supporting three highly effective strategies to reduce the risk of HIV transmission:

- the consistent and correct use of condoms;
- the consistent and correct use of antiretroviral treatment (ART) by people living with HIV to maintain an undetectable viral load; and
- the consistent and correct use of daily oral Truvada® as pre-exposure prophylaxis (PrEP).

This article will focus on the first strategy. The next editions of Nexus will feature the second and third strategies.

Consistent and correct Use of Condoms

Health care providers can promote the consistent and correct use of internal (sometimes referred to as female) or external (sometimes referred to as male) condoms to reduce the risk of the sexual transmission of HIV.

- Include education and counselling to both HIV negative and positive individuals around the consistent and correct use of condoms. An internal condom is an alternative to external condoms for vaginal as well as anal sex.
- Remind individuals how to correctly use a condom so they can prevent breakage, slippage and leakage during sex. Talk about the following:
    - Find an external condom with the right fit and feel;
    - Proper storage of condoms (room temperature and regularly replace condoms kept in the wallet, purse or pocket);
    - Check the expiry date and make sure that the package isn't damaged;
    - Use a new condom for every act of intercourse including oral sex;
    - Change condoms if having sex with more than one partner or sharing sex toys;
    - Put the condom on and take it off correctly;
    - Apply sufficient and appropriate lubrication (water or silicone based) - saliva should not be used as lubricant;
    - Use a condom for the entire act of sex (no delayed or early removal).

Where possible, make condoms and lubricant available and free to clients. The Health Unit can provide bulk quantities of condoms to community agencies (for a nominal fee) when requested. Individuals can also access free regular condoms and lubricant or low cost polyurethane condoms at any of our health unit's AreYouSafe sexual health clinic locations. For additional free tools and resources on HIV prevention, visit www.catie.ca or contact the Health Unit at areyousafe@healthunit.org

Focus on Health rather than Weight

The obesity epidemic and its associated health impact has been a concern for many years. One of the negative outcomes of the focus on obesity is weight bias.[1]

"Weight bias can be defined as the inclination to form unreasonable judgments based on a person's weight. Stigma is the social sign that is carried by a person who is a victim of prejudice and weight bias.

Weight bias is caused by a general belief that stigma and shame will motivate people to lose weight or the belief that people fail to lose weight as a result of inadequate self-discipline or insufficient willpower. Our culture may not punish people who practice weight bias because our culture values thinness. Society frequently blames the victim rather than addressing environmental conditions that contribute to obesity."[2]

Of adult women who are in the overweight and obese weight categories, 69% reported experiencing weight bias from physicians, 46% from nurses, 37% from dietitians and 21% from mental health professionals.[3] The frustration that clinicians feel when trying to help patients lose weight may contribute to this bias. Lack of success may look like non-compliance and lack of self-discipline while the limited effectiveness of current weight loss treatments may be the real problem.

Weight bias can reduce quality of life for many people. It leads to reduced mental health/wellbeing (e.g., psychological disorders, anxiety, and poor body image and self-esteem), and unhealthy weight control practices leading to disordered eating and obesity.[4] A large study by Rudd Center of adults in the overweight and obese weight categories found that 79 % of individuals reported eating more to cope with weight bias, and participants were more likely to binge eat if they experienced weight bias.[5]

It is time to shift the conversation from the focus on "weight" to new strategies that can be incorporated into clinical practice that improve the health of individuals and mitigate some of the negative outcomes associated with a focus on weight.[4]

1. Focus on healthy bodies rather than weight loss. All bodies, regardless of size or shape, benefit from physical activity, quality sleep, stress management and overall mental well-being. Focusing on the individual (not the condition) and all aspects of health and well-being, as opposed to just weight, can provide a more comprehensive picture of how to achieve wellness.

Explore how an individual's behaviours might be influenced by the environment in which they live, learn, work and play. Discussing how their environment might be altered or improved can be helpful in supporting individuals to make healthier choices.

2. Discuss food as a source of nourishment and fuel for the body, rather than a focus on the type and amount of food for weight loss. With knowledge of the nutritional value of food types, and awareness and respect for one's own hunger and fullness cues, individuals are more equipped to make food related choices that are needed to feel well and be supportive of overall health. Emphasize the importance of eating 7 servings of fruits and vegetables every day, and staying away from processed food.

3. Discuss with parents, healthy eating and physical activity for all children, and talk sensitively to parents about their child who is in the overweight or obese category. The Health Unit website has an information sheet for parent to help move the conversation from weight to health and healthy behaviours.

4. Make the service site/office a safe, friendly and comfortable place for all of your patients. Recognize how weight bias might have crept into your practice. Watch the following videos with all members of the team.

- http://www.uconnruddcenter.org/weight-bias-stigma-health-care-providers
- http://www.uconnruddcenter.org/resources/bias_toolkit/index.html

5. Restrict weighing individuals to only when medically necessary, asking the individual's permission, weighing in a private area, and recording it without making comments.[5]

Resources on the Health Unit website:
http://www.healthunit.org/physact/
http://www.healthunit.org/nutrition
http://www.healthunit.org/school/resources/Tools_for_Parents.pdf

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3. *Confronting and Coping with Weigh Stigma: An Investigation of Overweight and Obese Adults*. Rebecca M. Puhl, Kelly D. Brownell. 2006, Obesity, pp. 1802-1815.
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5. Center, RUDD. Weight Bias & Stigma > Health Care Providers. U*CONN RUDD CENTER For Food Policy & Obesity*. [Online] [Cited: July 27, 2016.] http://www.uconnruddcenter.org/weight-bias-stigma-health-care-providers.

The Epidemiology of Lyme Disease Incidence in Leeds, Grenville & Lanark Counties (2010-2015)

Lyme Disease is a reportable disease caused by the bacterium Borrelia burgdorferi and is transmitted by the Black-Legged Tick. It is an emerging vector-borne infectious disease in Canada. It is estimated that 80% of Canadians will live in Lyme-endemic areas by 2020.[1]

The Black-Legged Tick is believed to have moved north-wards into Canada with migrating birds, deer and small mammals.[2] The first local endemic Black legged Tick population in Leeds, Grenville & Lanark (LGL) was found on Thwartway Island located in the Thousand Islands between Ivy Lea and Gananoque in 2006.[2] Since this time, the incidence of reported cases of Lyme Disease has increased in LGL, with both annual case counts and rates increasing exponentially year-over-year since 2010 (Figure 1). Although the disease can affect all age groups, in LGL many cases occur after the age of 45-years (Figure 2).

Since 2010 both the geographic centre of case distribution and the increasing incidence of Lyme Disease cases have being moving more northwards each year. Case density calculations show a pattern of cases stretching from Gananoque in the south-west to Perth in the north-west. However, case densities are still highest in the municipality of Leeds and the Thousand Islands where the initial endemic Black-Legged Tick population was found in 2006 (Figure 3).

Figure 1:

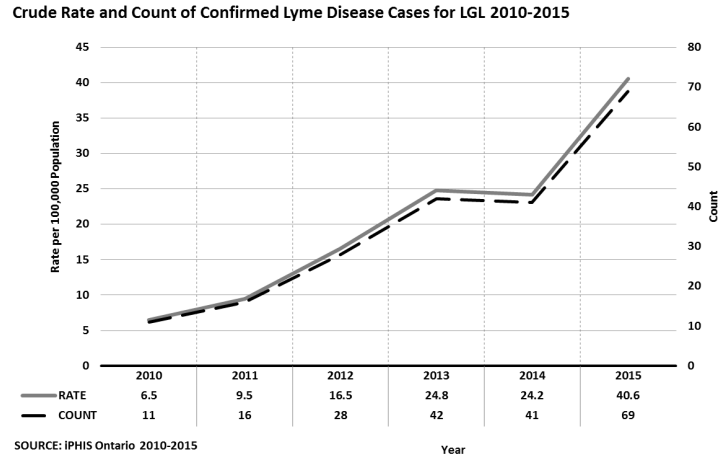


Figure 2:

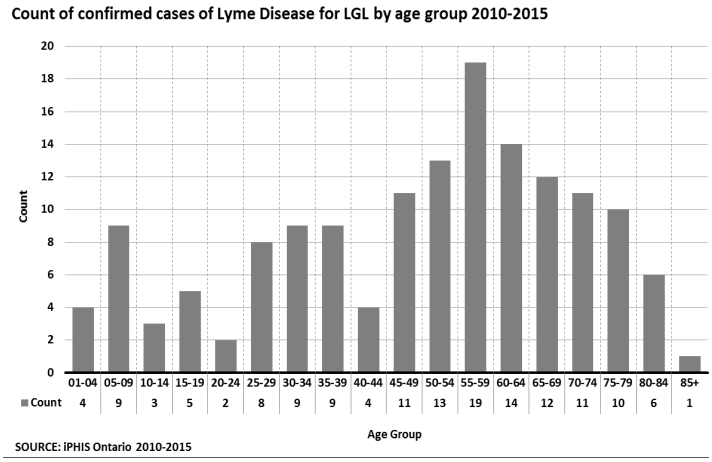
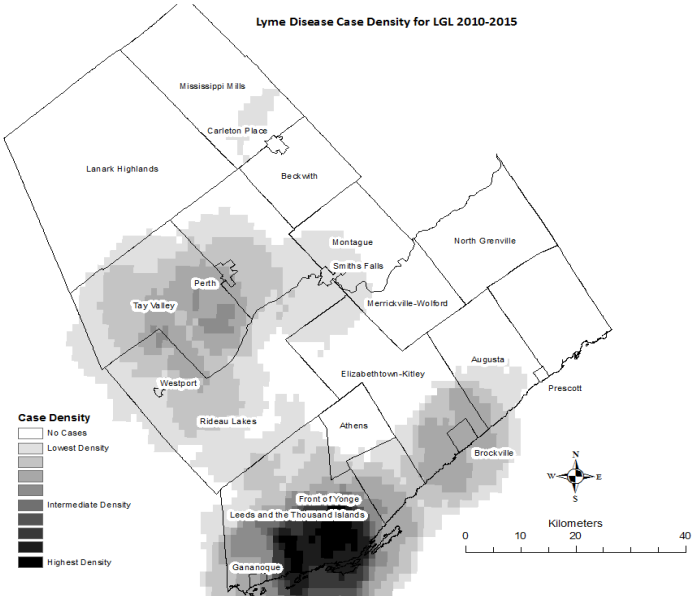


Figure 3:



For more detailed information about Lyme Disease, and other reportable diseases, visit the Health Unit website here **http://www.healthunit.org/professionals/rd_toolkit/Reportable_Diseases.pdf**

References:

1. Public Health Agency of Canada. *Lyme Disease Fact Sheet*. Ottawa, ON, Canada, 2012.

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