

SUPPORTS FOR SFU POST-SECONDARY STUDENTS AMID THE TOXIC DRUG CRISIS: AN ENVIRONMENTAL SCAN

WRITTEN BY:

SFU's Student Health Advisory Committee (SHAC), September 2022 - May 2023

- Sarah Chae
- Bitu Gholamian
- Christina Lam
- Gursharan Singh
- Rand Wang
- Mya Galbraith
- Sukhpreet Shergill

WRITTEN FOR:

- SFU Health and Counselling Services
- Decriminalization x SFU Policy Alignment Working Group
- Other SFU stakeholders involved in relevant policy or program development

SPECIAL THANKS TO:

- Melissa Lafrance, Health Promotion Strategist, Health Promotion, HCS
- Alisa Stanton, Associate Director, Health Promotion, HCS

STAKEHOLDERS CONSULTED:

- Dr. Kanna Hayashi | Faculty of Health Sciences, Simon Fraser University
- Dr. Jane Buxton | School of Population & Public Health, University of British Columbia
- Dr. Tim Dyck | Healthy Minds & Healthy Campuses, Canadian Institute for Substance Use Research
- Dr. Mahboubeh Asgari | Canadian Mental Health Association BC Division
- Bakht Anwar | Canadian Mental Health Association BC Division
- Chloe Goodison | Tri-Cities NaloxHome initiative & SFU FentaNIL project
- Beckie Grobb | Wellness Coordinator, Thompson Rivers University
- Yuna Chen | Health Promotion Strategist, British Columbia Institute of Technology
- Amanda Unruh | Health Promotion Specialist, University of British Columbia
- Melissa Feddersen | Okanagan Wellness Coordinator, University of British Columbia

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ABSTRACT

Considering Canada's ongoing toxic drug poisoning crisis and its impacts on individuals and populations, the Student Health Advisory Committee (SHAC) recognized a potential opportunity to support students through available programs and services particularly tailored for a university setting, making this a public health area of interest. To explore this topic, SHAC carried out an environmental scan of the current resources and initiatives at SFU as well as other post-secondary institutions in BC and organizations with a vested interest in harm reduction and public health interventions. This scan was done by reviewing the literature to understand the scope of the issue, followed by connecting with stakeholders at various institutions and community-based organizations in BC to gather insights. The information shared by stakeholders and gathered by the SHAC was analyzed using a modified thematic analysis, and the team established seven themes and 17 sub-themes from stakeholder responses. Based on the results, seven recommendations are included for how post-secondary institutions can better address the toxic drug poisoning crisis, including but not limited to reframing substance use in a social context, fostering inclusive spaces, encouraging dialogue, prioritizing naloxone training and distribution, educating, training, and establishing a working group. Interventions should focus on creating awareness and educating communities to reduce stigma around substance use and changing the language to reflect the widespread nature of the toxic drug poisoning crisis.

INTRODUCTION

The [Student Health Advisory Committee](#) (SHAC) is a Simon Fraser University (SFU) student-led group that contributes to campus well-being and the [Healthy Campus Community](#) initiative led by the SFU Health Promotion team and [SFU Health and Counselling Services](#). SHAC “takes a systemic, campus-wide approach to create conditions that positively enhance health and well-being with SFU students being the centre of focus and attention” (SFU, n.d.a). Specifically, SHAC’s focus includes highlighting student engagement and students’ voices to inform, shape, and implement initiatives. Some of SHAC’s past work includes:

- A critical review of the Well-being in Learning Environments Resource Library, which informed a [final report](#) with quality improvement recommendations for the Health Promotion team.
- A Health Equity Impact Assessment (HEIA) of Health and Counselling Services’ virtual offerings to understand students’ experiences and help ensure they adequately serve the needs of all SFU students. View the [final HEIA report](#).

This year, upon connecting with stakeholders from SFU, the SHAC established that access to services related to the toxic drug poisoning crisis may be a worthwhile public health topic to explore. The term toxic drug poisoning crisis refers to the rising numbers of often-accidental opioid and other substance-related deaths and hospitalizations across Canada in recent years (Gov of Canada, 2019). As such, the SHAC explored opportunities to better address the toxic drug poisoning crisis and its impacts in post-secondary institutions. Based on consultations of the literature and community stakeholders, the team has developed recommendations for services, programs and initiatives in light of this crisis.

BACKGROUND

Amid Canada’s ongoing toxic drug poisoning crisis, British Columbia (BC) continues to be one of the most heavily impacted provinces (Lim et al., 2021; Parent et al., 2021). In 2016, BC’s Provincial Health Officer declared the overdose crisis a public health emergency due to increasing toxic drug-related overdoses and deaths (Lim et al., 2021; Parent et al., 2021). Although BC has implemented various harm reduction interventions including the safer supply pilot project and expanded its services to address this emergency, the current status of this crisis remains pressing (Gov of BC, 2023). In 2022, there were 2,272 illicit drug toxicity deaths in BC, the second highest number ever recorded in one year (BC Coroners Service, 2023). Among these, 327 deaths were within those aged 19 - 29, at a rate of 42.5 deaths per 100,000 individuals in this age group (BC Coroners Service, 2023). This reflects a near five-fold increase in the last ten years (BC Coroners Service, 2023). Although there is no data specific to post-secondary students, these statistics justify possible concern for the post-secondary population, which tends to fall within the

19-29 age range. Specifically at SFU, the mean age of full-time undergraduate students is 21.2 years (SFU, n.d.).

Generally, young adults tend to consume substances at higher levels than the general population (CPADS, 2021). This population includes post-secondary students, who appear to be exposed to a broad range of substances such as tobacco, alcohol, cannabis, and illicit drugs and their related harms more generally (CPADS, 2021; Kirst et al., 2014). According to the Canadian Postsecondary Education Alcohol and Drug Use Survey conducted in 2019-2020, approximately 15% of post-secondary students ages 17 - 25 reported using at least one illegal drug during that year, including cocaine, crack, amphetamines, methamphetamine, ecstasy, hallucinogens, heroin, and others (CPADS, 2021). Among respondents, the proportion of students who reported use of hallucinogens was 8%, followed by cocaine at 7% and ecstasy at 6% (CPADS, 2021). Preliminary results from the Canadian Campus Wellbeing Survey (CCWS) at SFU demonstrate that 26% of post-secondary students at SFU reported using pain relievers, with 11% reporting using for reasons other than recommended for pain relief (CCWS, 2020). Additionally, 4% reported stimulant use, with over 50% of this use being for reasons other than recommended (CCWS, 2020).

Similarly, the toxicity of some of these drugs has increased over recent years. In the last decade, the upscaling use of fentanyl in the illicit drug supply chain has contributed to a surge of toxic drug-related overdoses (BC Coroners Service, 2023). The toxicity of drugs accounting for these deaths has changed over time, with fentanyl being involved in a higher percentage of deaths over time. The following data demonstrates these changes: fentanyl was involved in 5% of deaths in 2012 and 86% of deaths in 2021. Methamphetamine was involved in 14% of deaths in 2012 and 42% in 2021 (BC Coroners Service, 2023). Although the attribution of deaths to other toxic drugs has declined, they still account for a large portion of toxic drug-related deaths. For instance, cocaine and all other opioids beyond fentanyl and its analogues, were involved in 44.5% and 22.4% of illicit drug toxicity deaths in 2021, respectively (BC Coroners Service, 2023). Note that the 22.4% are opioids other than fentanyl and its analogues which are at 86%, they may also have been found in deaths where fentanyl was detected.

To better understand the implications of illicit drug use among post-secondary students, the aspects influencing their use should be considered. Factors such as transitioning from secondary to post-secondary education, peer influence, psychological mediators, and mental health challenges have been identified as predictors of substance use among post-secondary students (Kirst et al., 2014). Managing academic stress while trying to maintain a semblance of functioning life among peers at a post-secondary institute can be highly challenging (Esmaeelzadeh et al., 2018). Pre-pandemic surveys reflect that almost one in five post-secondary students enrolled in a Canadian university or college has some form of anxiety or depression (Esmaeelzadeh et al., 2018). Studies have consistently identified a positive correlation between depression and anxiety diagnoses and substance use (Esmaeelzadeh et al., 2018). The emergence of the COVID-19

pandemic may have exacerbated the impact of these pre-existing issues and co-morbid conditions, including mental health conditions, especially among post-secondary students (Wang et al., 2020). Research demonstrates that mental health conditions such as depression and anxiety, as well as substance use generally have been on the rise since the pandemic began (Silcox et al., 2022; King et al., 2022). Given these predicaments, there appears to be a paucity of literature exploring the toxic drug poisoning crisis and its impact on post-secondary students, including at SFU. This emphasizes the need for further explorations of the impact of toxic drug-related poisonings among post-secondary students in Canada.

ENVIRONMENTAL SCAN

An environmental scan is a strategy used to gather information and insights into how to plan, gather, and make informed decisions based on an assessment of the external environment (Russell & Prince, 1992). This process involves strategic planning, a literature review, and gathering insights from stakeholders to present to a target audience and other interested groups (Russell & Prince, 1992). The output of the environmental scan is intended to provide an overview of stakeholder goals and values in order to inform future decisions and actions (Russell & Prince, 1992). The benefits of an environmental scan include allowing for integration of information from literature with that from stakeholders to inform recommendations, in addition to allowing for flexibility with how information is gathered, synthesized, and structured.

RELATION TO THE PROJECT

An environmental scan was chosen as this project's methodology because it would allow SHAC to seek findings from organizations, institutions, and other community stakeholders that are often not included in a traditional literature review. Through these methods, the SHAC team was able to gain a broader understanding of the impacts and current level of awareness of the toxic drug poisoning crisis within our communities and target population. This was important given SHAC's focus on community-based engagement. Additionally, an environmental scan was a particularly suitable methodology due to the challenges associated with the toxic drug poisoning crisis and the potential sensitivity implications that other outreach designs may have produced. This allowed the SHAC team to gather information and determine the most significant findings for our project, while continuing to prioritize student well-being and reducing the risk for unintended harm.

AIM STATEMENTS

The aims of this project were two-fold:

- To gain insights from researchers and organizations across BC on the toxic drug poisoning crisis and its impacts on students, including at Simon Fraser University
- To provide evidence-based recommendations to bridge identified gaps, with a focus on student needs and perspectives.

METHODS

ENVIRONMENTAL SCAN STEPS

The steps that SHAC took to conduct this environmental scan were as follows:

1. Identified the purpose of the environmental scan and the topic of interests
2. Identified the research question(s)
3. Identified the activities to be completed and where to look for information (methodology)
4. Created a list of keywords and search terms
5. Recorded the information in a systematic way
6. Analyzed and interpreted the results
7. Presented the information in a useful way

IDENTIFICATION OF STAKEHOLDERS

Stakeholders located in British Columbia were included in the environmental scan and were contributing to inform on or support students and/or young adults impacted by the toxic drug poisoning crisis. Each SHAC member identified four researchers and/or community organizations that they believed were appropriate stakeholders for the scan. Subsequently, the list of stakeholders was reviewed and discussed by the committee in terms of relevance to the project and voted on whether they would be included in the scan.

QUESTION DEVELOPMENT

Each committee member was tasked with designing two to three environmental scan questions for each research and non-research group. The team then reviewed and revised the questions based on mutual feedback. The team ensured that all questions were open-ended and voted that five questions were an appropriate number of questions to ask stakeholders (see Appendices A and B).

DATA COLLECTION

Stakeholders were initially contacted by email in early February 2022. They were given 12 business days to provide their responses to the questions either by email, telephone call, or video conferencing (Zoom®). Reminder emails were sent seven business days after the initial email. A SHAC member and/or the SHAC coordinator, Melissa Lafrance, arranged a time to connect by telephone or video call for stakeholders who preferred those options. Detailed notes were taken by the interviewing team member. No audio recordings were performed.

DATA ANALYSIS

The collected data were analyzed through a modified thematic analysis (Thomas & Harden, 2008). Primarily, all of the responses were reviewed by each committee member in which they were asked to derive six to eight broad themes. Subsequently, the Co-Leads reviewed all proposed themes and narrowed down to common themes and sub-themes. Afterwards, the committee members were divided into three small groups and each group was assigned two common themes and respective sub-themes. Finally, each small group reviewed all stakeholder responses and collected verbatim quotes that they saw fit for assigned common themes and sub-themes. Following the extraction of quotes and discussing them in relation to the themes, the small teams drafted up the results.

RESULTS

Overall, seven common themes and 17 sub-themes were identified.

1) REDUCING STIGMA

LANGUAGE

Many stakeholders emphasized the importance of language and word choice in their discussion on reducing stigma surrounding the toxic drug poisoning crisis. More precisely, what used to be referred to as “the opioid crisis” is now recognized more broadly. Therefore, our stakeholders brought forth the more appropriate phrase, “the toxic drug crisis”, recognizing how the crisis and its related harms now extend far beyond solely opioid drugs. Stakeholders noted how the crisis is not just about opioids anymore, but rather about the toxic drug supply more generally.

Stakeholders also emphasized the importance of creating open dialogue surrounding the crisis by encouraging the safe sharing of stories:

“Campuses can afford to further encourage safe sharing of stories and dialogue both on campus and in the surrounding community around opioid (and other substances) ...”

Ultimately, stakeholders affirm that this proposition creates greater potential for alleviating stigma and health promotion.

HARM REDUCTION

Stakeholders recognized harm reduction as an exemplary form of toxic drug harm reduction and overall health promotion:

“Recognizing that lots don’t need medical services yet, and we need to vamp up harm reduction services.”

The recognition and approval of naloxone kits, particularly take-home naloxone kits, is another key takeaway from our stakeholder analysis. Stakeholders note that take-home naloxone kits are a key component in toxic drug harm reduction in preventing harm to people who use drugs:

“Campuses (not all) were at or near the forefront of providing naloxone kits and supporting training for their effective use as well as supporting and implementing other harm reduction tools as safer equipment depots, sharps disposal collection containers and testing of drugs at major party events (appreciating that, in unregulated supply, opioid concentrations or contaminants can pose a significant threat to consumers).”

DECRIMINALIZATION

Lastly, stakeholders recognized the work of toxic drug decriminalization in BC and are optimistic about the potential benefits this new policy may bring to the realm of harm reduction and reducing stigma. However, it is also recognized that this policy creates strong controversy among different communities in the province. More precisely, it was mentioned that BC is the first province to decriminalize toxic drugs, and while this comes with its advantages, there is still a great extent of gaps to address surrounding the toxic drug poisoning crisis. For example, it will help reduce stigma but will most likely not have any effect on the toxicity of the unregulated drug supply.

2) NALOXONE

Naloxone was one of the most common interventions mentioned by stakeholders for the need to increase awareness and training. Several stakeholders emphasized allowing naloxone training to be mandatory for post-secondary students. These training sessions were suggested to be quick and give students access to a take-home kit. Furthermore, some also mentioned the impacts of providing naloxone kits and training to post-secondary staff as they are frequently in contact with students and may have greater access to provide support if needed:

“Our team (myself and our Student Wellness Ambassadors) provide naloxone training on a regular, ongoing basis to students and staff on campus. This is the main harm reduction initiative that we're actively involved with out of the Wellness Centre.”

3) COMMUNITY ENGAGEMENT AND SOCIAL CONNECTION

OPEN PERSPECTIVES AND DIALOGUE

Several stakeholders emphasized the importance of honest and open dialogues among community members around the toxic drug poisoning crisis to reduce stigma and build support networks. Post-secondary campuses were highlighted as a space which can foster sharing of lived experiences, as students often value what is normalized within their social circles and peers. Several suggestions were made to foster these open dialogues, which include:

1. Involving physicians and pharmacists in conversation around helpful prescription use, alternative assistance with physical pain and concerns relating to non-authorized /prescribed use of opioids (and other substances) for medicinal/therapeutic or other purposes
2. Providing a community led by peers with lived experience (drug, alcohol, gaming, eating disorders, other addictive behaviours)
3. Weekly 1:1 or group meetings
4. Advocacy, destigmatize and normalize language campaigns

“A positive engaged connectedness to an encouraging, supportive circle of fellow campus members can be very helpful not just for commuters with their situation of some degree of detachment, but for commuters a retention of an actively caring support network from their off-campus ties can be somewhat beneficial even when such a group is not able to identify firsthand with current demands of advanced academic life.”

Additionally, not all substance use is problematic. It is important to recognize the social, cultural, and environmental reasons for using substances in a healthier way:

“Campuses can also show more appreciation for the nature of substance use as a social practice, rather than viewing and responding to it just as individual behaviour. Recognition of the relational dynamics that are often so largely in play can encourage campuses in conscious awareness that all efforts that build stronger interpersonal connection work against reliance on substances to provide social glue or relieve emotional pain from loneliness or past experience of trauma.”

4) AWARENESS AND EDUCATION

POST-SECONDARY STUDENTS

Many stakeholders suggested increasing awareness and education among post-secondary students on the toxic drug poisoning crisis. Educational workshops and campaigns seemed to be a popular approach. One stakeholder shared about the work that a student group has been doing:

“We provide peer-to-peer education via social media in a de-stigmatizing way about the overdose crisis and how to access harm reduction supplies.”

Stakeholders at the University of British Columbia have made similar efforts to provide education on topics such as safer partying, first aid for the toxic drug supply, and the impacts of substance use on students. Multiple stakeholders also mentioned how education could be a powerful tool to change the narrative around substance use and the toxic drug crisis:

“Campuses can provide leadership in advancing drug education by moving beyond social marketing strategies that in unidirectional messaging focus only on harms and convey authoritarian advice designed to prompt behavioural change. Adopting a rigorous health promotion approach instead can integrate building substance use literacy into different disciplines’ curricular contexts through collaborative teaching, open inquiry and constructionist shared exploration and acquisition of knowledge around how substance use has been involved in so many different aspects of cultural life among human societies across millennia with varied strategies employed toward collective regulation and personal management to maximize benefits and minimize harms.”

“It has been good to see many young people care about people who use drugs and support innovative solutions. Youth also understand the need to include folk with lived and living experience in the policy discussions and evaluation - nothing about us without us rather than the top-down approach.”

COMMUNITY MEMBERS

Another recurring idea was to increase awareness and education among campus and broader community members beyond the student body. A stakeholder shared that the first step to addressing the toxic drug crisis is to change the language and raise awareness about it. Other stakeholders echoed this importance of public education several times:

“Not having accessible education about this sensitive subject will continue to create shame and victim-blame for those who use substances – which will in turn continue to drive overdose rates up.”

“This is a PUBLIC health crisis, and it requires public intervention to combat. [...]. Whether someone realizes it or not, by being part of society in British Columbia, we are losing fellow community members to toxic drugs – these are people that belong to communities that we are part of.”

“In general and in society, [people] encounter problematic mentalities and perceptions around decriminalization, and are trying to shift the understanding and culture around this. Typically it starts with education.”

PREVENTION

Another suggestion made by a stakeholder was to increase awareness and education specifically surrounding prevention strategies:

“The Lifeguard app is an incredible resource – please advertise it on campus or to student groups. It is an app that prevents overdose when someone is using substances alone. Many lives have been saved in BC through this app.”

The Lifeguard app alerts the BC Emergency Health Services (EHS) of overdoses that are occurring and therefore may prevent overdose deaths. It is a good tool to supplement with other

interventions for people who use drugs alone. A combination of tools may save more lives by intervening during overdoses, including naloxone which has had over 150,000 overdose reversals reported (which is believed to be vastly underreported) (Toward The Heart, 2023).

Another tool that was suggested is *Brave*, which was formed from grassroots input from folks with lived experience. They have an app, buttons and sensors. With the app, individuals can set up their rescue plan, emergency contacts, and have access to a supporter who stays on the line while the person uses substances as a safety measure (Brave, n.d.)

5) STRESS

CRISIS-RELATED STRESS

The stakeholders mentioned how the toxic drug poisoning crisis inflicts stress on students, which can impact their mental health. Students are particularly vulnerable to peer pressure when it comes to substance use, creating a greater likelihood of using substances. A stakeholder mentioned how there is still a stigmatization around mental health in addition to these drugs:

“Sadly, many mental health conditions are still stigmatized – despite being equally as valid as physical illnesses/conditions. Speaking of addiction in an open, honest, informed way – like we do of cancer, diabetes, or heart disease – will help to eradicate the isolation felt by those who struggle with addiction.”

Another stakeholder educated us on how using the correct language matters for de-stigmatizing drug use, allowing the public to understand that the related issue is accompanied by the correct language surrounding this topic. They also mentioned how there might be a correlation between daily stress and substance use, but more evidence is needed to support this.

Finally, a few stakeholders noted the increased circulation of toxic drugs during the COVID-19 pandemic, resulting in increased use of these substances among those who felt pandemic-related stressors.

6) IMPACT

STUDENT BODIES

Stakeholders had various reviews on whether the crisis impacts students and how it impacts them. For instance, one stakeholder discussed how: *“the opioid crisis impacts just about every post secondary students in BC”* as they are more likely to use these substances. Some of the associated factors mentioned include increased stress, partying, and normalization of drugs in the media. Contrarily, another stakeholder suggested that the student population may not be one of the key groups that are impacted by the crisis. However, they did acknowledge that youth are one of

the subgroups that are more heavily impacted by the crisis:

“However, it is the toxic drug poisoning that is causing the deaths and while there is a lack of a regulated safer supply deaths will continue to occur, including people who use only occasionally and this may be youth as well.”

Moreover, several stakeholders mentioned the positive impacts students can have on supporting fellow peers who are impacted by the crisis. An increased interest among students to help others was also highlighted. This includes providing peer support groups and community building programs within post-secondary settings:

“However, the impact of local and particular campus cultures is not to be written off as unable to effect some influence on their members and (less immediately) on their surrounding municipality.”

“They’ve seen a desire from students to help other students. They offer Naloxone training, fentanyl test strips, drug testing.”

INTERNATIONAL STUDENTS

International post-secondary students were suggested as a subgroup who are disproportionately impacted by the toxic drug poisoning crisis. Several reasons were raised for this inequity, such as relocation for education purposes and adjustment to a new culture:

“But it is well-recognized within postsecondary institutions that international students face various adjustment challenges in their relocation for educational purposes to a different cultural context and that assistance in relating to these challenges is called for.”

COMMUTERS

A few stakeholders had mixed opinions on the impacts of the crisis on commuter students. For the purpose of this project, commuter students were defined as those who reside outside the post-secondary campus community and travel to and from campus. A stakeholder stated that commuting could not be seen as a factor that puts students at greater risk unless they are travelling to purchase substances. In contrast, another stakeholder mentioned that commuters may less likely foster strong social connections within the campus community, hence, lack social support. In turn, this could put them at risk of poorly navigating the crisis once they are impacted. However, it was also noted that living within the campus community does not automatically reduce risk. Instead,

having an engaging and supportive social network in any aspect of the community will influence the extent of the impact portrayed on students:

“Commuter students are evidently less likely to build strong connections with fellow students than are those in residence, though the character of a campus residence culture will bear on whether this is less or more advantageous. A positive engaged connectedness to an encouraging, supportive circle of fellow campus members can be very helpful not just for commuters with their situation of some degree of detachment, but for commuters.”

BROADER COMMUNITY

A stakeholder mentioned the impact that COVID-19 has brought to the community regarding the upkeep and supply of harm reduction distribution sites and overdose prevention sites. Although these sites were affected by the pandemic, community members stepped in. They provided their services, such as having available youth and community responders to help with the toxic drug poisoning crisis:

“Whether someone realizes it or not, by being part of society in British Columbia, we are losing fellow community members to toxic drugs – these are people that belong to communities that we are part of,”

Several stakeholders have mentioned that the toxic drug supply has impacted British Columbia. A stakeholder noted that anyone can be impacted, such as friends, families and people who use drugs regularly or occasionally. They further mentioned how these drugs that the public are using may be a coping mechanism for mental health challenges and therefore, should not be stigmatized:

“Sadly, many mental health conditions are still stigmatized – despite being equally as valid as physical illnesses/conditions. Speaking of addiction in an open, honest, informed way – like we do of cancer, diabetes, or heart disease – will help to eradicate the isolation felt by those who struggle with addiction.”

Stakeholders further elucidated that British Columbia has decriminalized toxic drugs and policies. Since BC is the first province in Canada to implement this plan, there is hope that decriminalization will result in reduced stigmatization among the public towards people who use toxic drugs, and that this will result in more positive outcomes, such as reducing harms and health disparities.

7) INTERVENTION

SUGGESTED INTERVENTIONS

Many stakeholders suggested interventions to the toxic drug poisoning crisis that could be implemented at Simon Fraser University. After SHAC spoke to the University of British Columbia, the stakeholders mentioned all of the interventions they have at their campus:

“UBC has a student recovery committee and they periodically meet and work with Health Promotion & Education.”

“UBC has a health promotion specialist leading this work... with a work-learn student support staff.”

Stakeholders have suggested having interventions such as proper drug literacy techniques to avoid stigmatizing the drugs and inform the public with correct information about the literature. Another proposed intervention was one-on-one naloxone training for students, which the University of Victoria has already implemented. Additionally, it was suggested that mapping all the naloxone kits and informing student groups about their location alongside raising awareness of the toxic drug poisoning crisis could be helpful. UBC stakeholders even mentioned how adding a vaping, cannabis and substance use policy to residents on campus will educate students about the crisis. Students around campus respond well to an online presence, a stakeholder said that communicating harm reduction interventions through a social media platform, tabling at events and being an active voice will help students be aware of the crisis:

“Campuses (some) have applauded broader community provisions such as safer consumption sites, appreciated opioid agonist treatment and have included recovery communities in their own campus settings. Campuses have supported healthier public approaches to substance use and have encouraged participation in groups such as Canadian Students for Sensible Drug Policy.”

CURRENT INTERVENTIONS AT SFU

After speaking to stakeholders at Simon Fraser University, SHAC gathered information about the current interventions on campus:

“To my understanding, the SFSS Women’s Centre is looking to begin distributing fentanyl test strips in the coming months. This is awesome – but will need to be marketed and the directions have to be advertised to ensure proper usage. There is a club on campus called The FentaNIL Project, which I

happen to be the President of, and we provide peer-to-peer education via social media in a de-stigmatizing way about the overdose crisis and how to access harm reduction supplies. Student groups including Health and Counselling and Out on Campus have booked NaloxHome to come in to give talks to their teams about addiction, naloxone, stigma, harm reduction, and the steps that all of us can take to contribute to this crisis's demise."

Stakeholders have also said that SFU has a NaloxHome resource that is effective around campus and the "Lifeguard App," which is helpful to help prevent overdose when an individual is using substances by themselves:

"NaloxHome is an effective resource that is booked by educational institutions to provide youth-led, de-stigmatizing education for students from all backgrounds"

RECOMMENDATIONS

Based on these results, SHAC derived seven recommendations. Please note that all of these should be conceptualized by, for and with students as well as tailored for student groups that are disproportionately affected by the crisis, including international students, racialized students, etc.

1. Aim to reframe substance use as socially-contextualized, and addiction as a physical and mental health condition, rather than an individual choice. Consider a harm reduction approach to substance use literacy, and the use of educational campaigns that foster inclusive and anti-stigmatizing language
2. Foster inclusive peer support groups and community-building programs to hold open dialogue surrounding the toxic drug poisoning crisis with a focus on lived experience and involvement of community members to promote de-stigmatization and inclusivity
3. Intentionally fund, supply, and distribute naloxone kits, drug testing strips, and safe disposal bins at major campus buildings and university-wide events, and ensure students are aware of where these are available, such as via naloxone maps around campuses
4. Educate on coping strategies and overdose prevention techniques to encourage safer substance use among students and across the SFU population. Raise awareness of the

potential harms of substance use among post-secondary students and how the SFU community can support those who use substances that may require help

5. Provide training for residence advisors, event planners, and SFSS club executives on toxic drug-related harms so that they are better equipped to support students during drug-related toxicities and emergencies
6. Continue supporting and funding existing SFU stakeholders and student bodies that are actively addressing the toxic drug poisoning crisis, including but not limited to SFU Health and Counselling Services, SFU Safety and Risk Services, the SFSS Women's Centre, Out on Campus, the FentaNIL Project, and NaloxHome SFU, by conducting check-ins and providing resources as required
7. Establish a designated working group at SFU composed of stakeholders from departments/groups whose mandates are related to this topic. This would allow SFU to understand what is being done, what is working well, find efficiencies, and address gaps. Suggestions for initial projects could be to do an in-depth internal review of what is currently happening at SFU as well as finding a way to better understand student needs, services, policies, etc.

CONCLUSION

From our environmental scan, we derived seven themes and seven recommendations to better support SFU students amid the toxic drug poisoning crisis. SHAC's scan demonstrates that despite a gap in the literature on ways to support post-secondary students, there is value in supporting this demographic based on data that reflects potential for substance-related harms. Given this predicament, the stakeholder-derived recommendations can serve as a guide for SFU to lead initiatives to better support students and to foster safer environments and to foster safer environments. These initiatives should be supported by SFU and aim to involve students at all stages in encouraging inclusivity and de-stigmatization of substance use.

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APPENDICES

APPENDIX A

RESEARCHER QUESTIONS

1. What do you think post-secondary institutions could be doing to better support students in regard to the opioid poisoning crisis?
2. In your experience, have you noticed any public health/harm reduction interventions or initiatives that appear to be impacting (or have the potential to impact) students positively in relation to the opioid crisis?
3. In what ways is the opioid crisis impacting students?
 - a. What are the current trends regarding substance use (opioids) and overdose among the general post-secondary student population?
 - b. Is there evidence to suggest that particular groups or sub-populations are experiencing this crisis differently or disproportionately?
4. In your opinion, how does commuting or living in varying regions impact a student and is there any correlation/relationship between where you live vs. a higher rate of substance use?
5. Is there anything that you think might be beneficial to our project that focuses on improving the health-related quality of life of post-secondary students?

APPENDIX B

ORGANIZATION QUESTIONS

1. In what ways is the opioid crisis impacting post-secondary students?
2. What are some specific examples of public health and harm reduction interventions or initiatives that have been implemented (or are in the process of being planned/implemented) at your post-secondary institution (PSIs)? Do you think these would be valuable for other PSIs? Have you evaluated (or plan to evaluate) the efficacy of these interventions/initiatives and how have these strategies impacted students (or have the potential to impact students)?
3. What are some effective resources or responses from institutions that address student needs and support students with mental health and substance use challenges?
4. What do you think post-secondary institutions could be doing to better support students in regard to the opioid crisis?
5. How can post-secondary institutions educate their students to ensure safety and/or address stigma in regard to the opioid crisis?