



## Health Matters Newsletter February 23, 2017

### Today's Health Matters Includes:

- Meeting Schedule
- Community Meetings and Events
- Data/ Research – Provincial Summit on Aging Report (attached)
- Cultural Connections Village Workshop
- CHNET Webinar on Mental Health First Aid for Seniors
- Opioids and methamphetamine: a tale of two crises



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### Our Cowichan- Network Member Meetings-

- ✓ Next Admin Committee Meeting- **March 1, 4:30-6:30** CVRD Committee Room 2
- ✓ Next Our Cowichan Network Meeting at **March 8 TO BE DETERMINED** Light dinner at 5:15 pm  
Meeting starts at 5:45 pm.

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### Community Events- Meetings

- **Community Response Team Meeting** February 18, 9 am-11am Meeting Room 213 at the CVRD
- **EPIC-Community Steering Committee** February 15, 1:30 -3:30 pm Ts'i'ts'uwatul' Lelum
- **VIU Opioid Dialogue-** February 14 1:30 pm- 3:00 pm in Lecture Hall

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**Local Data and or Research-** No new research this week

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### Cultural Connections the Village Project (poster attached)

This is a reminder of upcoming opportunities to take part in Cultural Connections The Village Project - The Journey of Our Generation workshop taking place March 9th. Over the past six years many people in

our community have had the opportunity to take part in workshops led by the Elders, listen to their stories and experiences from learn and deepen our understanding of the history of Canada and spend some time working through the systems that divide us and the steps we can begin to take that are moving us forward.

There are still some spaces available and we look forward to adding your voices to the story of how we are healing, learning and working together in the Cowichan Valley. Attached is a poster, to register click on the date you would like to participate and it will take you to the registration page. If you have any troubles linking go to Social Planning Cowichan website and you will find the links on the home page.

And keep your eyes open in late March for a number of activities, events and opportunities to participate from late April through June.



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and mobilization

## UPCOMING WEBINARS / WEBINAIRE À VENIR

PLEASE STAY TUNED FOR MORE WEBINARS COMING SOON!!

Need assistance? contact: [animateur@chnet-works.ca](mailto:animateur@chnet-works.ca)

March 7, 2018  
1pm-2:30pm  
13h00-14h30

**NEW!**

### #502 Mental Health First Aid for Seniors: Supporting Canada's Aging Population

The webinar will be facilitated/presented in English with  
simultaneous interpretation available in French

## Opioids and methamphetamine: a tale of two crises

[The Lancet](#)

Published: 24 February 2018

The unchecked acceleration of opioid-related deaths in the USA is, by many measures, the worst of times. Prescriptions peaked in 2012 at more than 255 million (81.3 per 100 persons), then

subsequently declined by about 15%. Yet the rate of opioid-related deaths has continued to rise. In the grim ranking of overdose deaths, illegally manufactured fentanyl and analogues have made the most drastic gains, claiming over 20 100 Americans in 2016. Deaths from natural and semisynthetic opioids, such as oxycodone and morphine, remain exceedingly high (14 400). But while the opioid crisis has exploded, the lull in the methamphetamine epidemic has quietly and swiftly reversed course, now accounting for 11% of the total number of overdose deaths.

The sheer number of opioid-related deaths has dominated the national conversation. However, that focus could distract from the larger issues of use and overdose across classes of drugs. The methamphetamine and opioid crises were previously considered distinct and affecting different populations. But in states including Wisconsin and Oregon, new patterns suggest they are beginning to overlap as increasing numbers of people use both drugs. Methamphetamine and opioid use are destructive and associated with loss of productivity, deleterious effects on families, and siphon substantial resources for intervention and treatment. They are also multifactorial epidemics urged on by underlying conflicts among health-care, law enforcement, industry, and government policies. There are several strong connections between the methamphetamine and opioid crises that have only recently come under scrutiny—namely costs, control, and consequences.

In 2005, at the peak of the methamphetamine epidemic, the economic burden was placed as high as US\$48.3 billion. In comparison, a February, 2018 analysis by the health research firm Altarum estimated the opioid crisis in the USA has cost in excess of \$1 trillion, with an estimated price tag of \$115 billion for 2017 alone. Individual and private sector costs are enormous, but these are not trivial numbers in the scope of the federal budget. The Trump administration's 2019 total proposed budget for Health and Human Services is only \$68.4 billion, although it is reportedly seeking to expand opioid funding by \$13 billion for prevention and treatment. Many experts have suggested that it is too little, too late. Although, the epidemic was declared a national emergency in October, 2017, the President's Commission on opioids has led to little more than calls for a border wall to impede suppliers and has largely been derided for failing to meaningfully include drug policy experts.

Previous control efforts with methamphetamine have relevant policy implications for opioids. In 2012, over the protests of pharmaceutical companies, Congress authorised the Drug Enforcement Agency to limit over-the-counter sales of decongestants containing pseudoephedrine used to synthesise methamphetamine. Availability was dampened for a few years, but cheap, high-quality methamphetamine produced in Mexico has now flooded the market. US Customs and Border Protection have reported a massive increase in methamphetamine seizures and use nationally has risen to about 4%. The shift in public health priorities to opioids has left the methamphetamine market to flourish and primed for resurgence.

Access to opioids is notably more varied, reaching users via prescription and illicit routes. Fentanyl, for example, is produced for legal uses, but weak manufacturing regulations in China have led to illicit exporting. Ramping up US border control in the absence of other prevention and treatment options is a myopic strategy that is unlikely to do much beyond shifting the geolocation of suppliers. Pharmaceutical companies must also be held accountable for the reprehensible and strategic part that they have played in the crisis. In addition to actively promoting misinformation to physicians, evidence, detailed in a February, 2018 Senate report, shows major financial inducements to

advocacy groups to promulgate “opioid-friendly messaging”. Most states have now introduced legislation limiting opioid prescriptions, but well funded and powerful lobbying efforts have left drug makers untouched.

As local public health authorities, emergency rooms, and first responders reel from the strain of the thousands of premature deaths caused by opioids, the outlook might be more dire than anticipated as a second methamphetamine wave begins. The co-use of methamphetamine and opioids increases the probable uptick in injection drug use and transmission of HIV, especially in the regions of the USA where public health resources are severely taxed. Without considering the consequences of past efforts and with limited bandwidth and funding pledged to provide intervention and treatment, these crises will merge, and the winter of despair will rage on.

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**Do you have a resource, event or information you would like to share?**

Send it to [cindylisecchn@shaw.ca](mailto:cindylisecchn@shaw.ca) and it will be included in the weekly

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