

INTEGRATED APPROACH TO COMMUNITY-BASED DRUG TESTING (IACBDT) IN THE LAURENTIANS (QUEBEC) TO PREVENT DEATHS FROM OPIOID OVERDOSES



Authors : Robert, J.¹, Bissonnet, H.¹, Tremblay, J.¹, Latour, E., Savard, I.^{1,2}, Charette, S.² and Benoit, M.²
¹ Centre Sida Amitié, Saint-Jérôme, Qc., ² University of Quebec in Outaouais, Qc.

BACKGROUND

In the context of the **Canadian opioid overdose crisis**, often related to fentanyl, people who use drugs (PWUD) are at risk and are often missing from the statistics, as many of them do not use the public health system. To prevent overdoses and poisoning, the **Centre Sida Amitié (CSA)** has developed an Integrated Approach Community Based Drug Testing (IACBDT) and services.

INTEGRATED APPROACH TO COMMUNITY-BASED SERVICES & DRUG TESTING

MODEL OF CARE

The innovation of this model is based on the detection of street drugs in the urine samples and drug residues that the PWUD voluntarily provide.

A rapid test for fentanyl is done on site and then, they are sent to the provincial public health laboratory where they are tested for 210 substances.

COMMUNITY-BASED MEDICAL AND NURSING SERVICES
FREE AND ANONYMOUS

URINE DRUG TESTING
SUBSTANCE DRUG TESTING
FREE AND ANONYMOUS

EDUCATION AND TRAINING OF COMMUNITY GROUPS
FREE AND ANONYMOUS

STERILE DRUG USE EQUIPMENT DISTRIBUTION PROGRAM
FREE AND ANONYMOUS



COMMUNITY-BASED PSYCHOSOCIAL SERVICES
FREE AND ANONYMOUS

STBBIs TESTING SERVICES
FREE AND ANONYMOUS

NALOXONE DISTRIBUTION PROGRAM AND TRAINING
FREE AND ANONYMOUS

OPIOID AGONIST THERAPY (OAT)
METHADONE, BUPRENORPHINE
FREE AND ANONYMOUS

EFFECTIVENESS

1891 samples have been submitted for drug testing since September 2017. This community monitoring helps educate and inform PWUD, health workers, community-based organizations, public health services and the population about substances that circulate locally. This presentation aims to explain this model and to discuss the results.

CONCLUSION AND NEXT STEPS

This holistic person-centered approach is successful and is supported by local law enforcement and public health authorities. Based on a harm reduction approach, it reaches out to vulnerable and marginalized people to empower them and provides them with services that meet their needs and thus, act upstream of the opioid overdoses.

Dépistage sur urines – *volontaire, anonyme et gratuit* – patients de la Rue au CSA du 12 septembre 2017 au 1 mai 2019 (INSPQ/CTQ – sur 210 substances)

sur **2260** urines, présence d'une ou plusieurs substances ci-dessous dans **1586** urines
distribution (%) parmi les 1586 urines positives

Cocaïne + métab.	162+ 597 (48 %)	THC	335 (21 %)
Méthamphétamine	251 (16 %)	Benzodiazépines	265 (17 %)
Amphétamine	237 (15 %)	Midazolam	3 (0,1 %)
MDMA	6 (0,4 %)	Flubromazépam	5 (0,3 %)
Méthadone	184 (12 %)	Éphédrine/pseudo	131 (8,3 %)
Hydromorphone	46 (3 %)	Lévamisole	112 (7,1 %)
Hydro/oxycodone	32 (2 %)	Lidocaïne	109 (7,1 %)
Kétamine	15 (1 %)	Alcool	89 (5,6 %)
Morphine	50 (3,2 %)	Méthylphénidate	120 (7,6 %)
Fentanyl/ et Norfent. 18/ et 19	(1,2 %)	GHB	5 (0,32 %)
Carfentanyl	2 (0,1 %)	PCP	7 (0,45 %)
Dextrométhorphan	26 (1,6 %)	Autres médicaments	1205 (76 %)
Codéine	9 (0,6 %)	Urines vierges	674/2260
U-47700	3 (0,3 %)		
Héroïne	5 (0,3 %)		
Buprénorphine	74 (4,7 %)		
Barbiturique	3 (0,1 %)		

À SUIVRE <-CTQ : 69 urines CSA/JR