

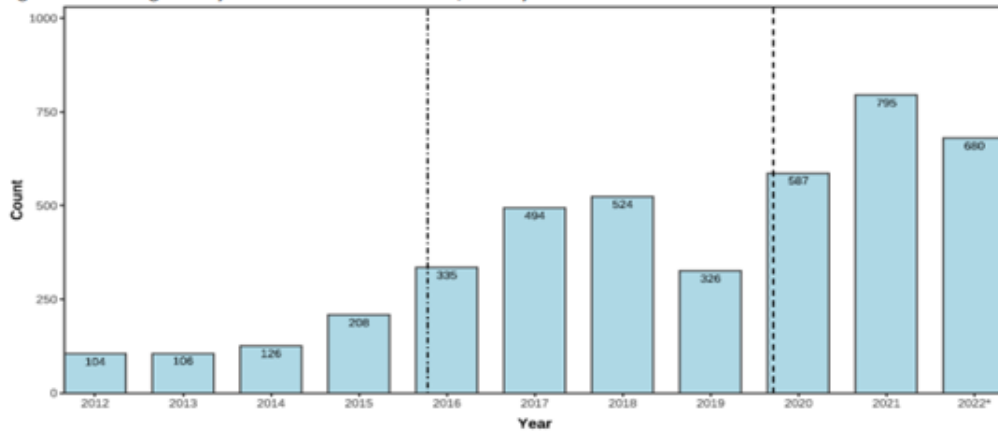
HOME DETOX FAQ



ILLICIT DRUG TOXICITY DEATHS

- The highest annual numbers of illicit drug toxicity deaths ever recorded in Fraser Health occurred in 2021, with 795 deaths in total.
- In 2022, there were an average of 57 illicit drug toxicity deaths per month.
- Compared with 2021, the communities with increases in deaths in 2022 were in Mission (+83%) and Coquitlam (+3%).

Figure 1: Illicit drug toxicity deaths within Fraser Health, January 2012 to December 2022



Toxic drug supply emergency declared on 14 April 2016 (two dash grey line)
COVID-19 emergency declared on 17 March 2020 (short dash grey line)

Data source: BC Coroners Service to December 31, 2022.

Preliminary data, numbers subject to change. Numbers include both open and closed cases.

Illicit drug toxicity deaths reported by BC Coroners Service include those involving street drugs (heroin, cocaine, MDMA, methamphetamine, etc.), medications that were not prescribed to the deceased, combinations of the above, with prescribed medications, and where the origin of drug is not known.

*January to December 2022.

WHY START THIS PROGRAM? Lets look at the stats

255% increase between 2015-2018 of drug toxicity deaths among South Asian people (compared to 138% among other residents)

2/3 were young men

2/3 were in a relationship

89% lived in a private residence with family (69%) or roommate (14%)

1/2 were fathers, most with children under the age of 19

43% were working

1/2 had current or past employment in trades, transport, and equipment operator occupations

Most common documented stressor was interpersonal conflict

While most had a social network, many of their loved ones did not know or acknowledge that the person used substances other than alcohol

Who can be referred to the program?

- Anyone who is over the age of 19, and is suffering from addiction to substances such as alcohol, fentanyl, etc.

The target population is South Asian, can any ethnicity be referred?

- Yes, our target is South Asian, but we accept any ethnicity in the covering areas.

What are the geographic locations you serve?

- Surrey, Delta, Cloverdale, Langley, White rock.

I Heard you are only serving alcohol is that true?

- No, we are serving all substance use concerns.

How can one refer?

- Someone can make a referral on behalf of the individual, but they must be willing to participate in the detox. They can self-refer via email, phone or website.

What are the current admission requirements?

- We have some exclusion criteria to make it safe for clients to detox from home. They can not have a history of Seizures, have an untreated DVT, unmanaged diabetes, dementia, Delirium Tremens, younger than 19 years old, outside of the catchment area, using during detox, or are currently attached to an addictions doctor in the community.

How long until someone will get in touch with the client form when they refer?

- We will contact the client within 72 hours of receiving the intake call.

What happens if the client does not meet the criteria for services?

- If we feel the client is not medically safe to detox in the community, then we are able to help provide referrals to outside services such as the Roshni clinic, Surrey Substance use, UCRC, and quibble creek.

What languages do you serve?

- We currently serve English, Punjabi and Hindi.

How long are the detox services?

- Our services are SHORT term, up to 3 weeks maximum. We offer short term detox services where clients will be seen for the first couple days multiple times a day, and then will be followed up via phone calls.

When detox is over what else do you provide?

- We will have a counsellor who is going to be offering 1-1 counselling sessions, and group therapy such as SMART recovery, and wellness groups. This is more of a long-term service. Additionally, we provide continuity of care and provide information to the clients current GP to keep care continual.

What is the process once someone has referred?

- Our MOA will take the initial intake call, and ask questions. Once they have answered the questions the referral will be sent to a nurse who will do a full intake assessment, pre-risk screen assessment, history, and confirm medications and use. Then if the client meets all criteria and is motivated and safe to participate they will be schedule in to see the doctor. Once that is finished, and a treatment plan is in place, we will begin treatment. A nurse and outreach worker will visit the residence 2-3 times a day for the first 3 days, and then 1-2 times a day for the next 2, and then follow up via phone call for the last 2 days as needed. Clients will also receive referrals to assists in continuum of care, and continuous follow up in the community.

What things are you working on with the client in a short amount of time?

- We are working with clients to provide harm reduction services such as providing naloxone kits, and how to properly use them. Referring all clients to our counselling services for longer term follow up for substance use and supports. We also provide referrals to outside counselling services, and substance use groups. We work with the client to identify possible triggers for use, and ways that we can support them in refraining from use. Working with the client in their home environment to assist in making changes at an everyday level.

What happens if someone starts to use during the detox phase?

- Clients who start to use again during the detox will be discharged from the program.

If someone is discharged from the program can they re apply?

- Yes, anyone who self discharged, or were discharged are able to reapply within 3 weeks.

What is the benefit to doing a home detox?

- Client get to stay in the comfort of their own home. They get to avoid the stigma associated with going into the community detox facilities, and running into people they know. Additionally, the family unit gets to stay in tact, and we are making changes at the environmental level instead of taking clients out of their environment.

Contact us

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