



# NITINAHT WEEKLY

January 22<sup>nd</sup> – January 29<sup>th</sup>, 2020



**Friendly Reminder to be safe on the roads during this winter season!**

- Notify family or a friend of your departure and/or arrival time.
- Carry a supply of water and snacks for an unexpected delay.
- Carry car emergency pack; spare tire, jack, flare, flash light.
- Have winter tires on your vehicle.
- Take your **time on the wet/icy/snow roads.**

## Women's Group

**Monday January 27,2020**

**Time: 6pm- 8pm (earlier if we end early)**

**Location: Community Services Office**

**Book club review of the novel**

**"Moon at Nine"**

**(for those who read the novel also anyone can come to see what it was about)**

## Literacy Drop in

**Thursday January 23<sup>rd</sup>,2020**

**Time: 10am- 4pm**

**Location: Community Services Office**

**Resume/Cover letter writing/ Document filling/Job Search/ Research training opportunities.**

**Coffee and snacks available**

**Call Kelita Sieber for info @ 250-745-3331 – Email: kelisieber84@gmail.com**

# January

# 2020

DOCTORS, COUNSELLORS, SPECIALISTS

Location: Community Services Health Clinic

**Please note – Dates are subject to change due to weather/road conditions.**

**List of Doctors, Counsellors & Specialists that come to the community:**

-Dr.Troy McLeod (Doctor)	-Sonia Somerville NTC (Homecare Nurse)	-Julian Wynne-Smith (Chiropractor)
-Laurie Sinclair NTC (Homecare Nurse)	-Heather Taylor (Nurse Practitioner)	-Lucy Paige (Chiro Medical Assistant)
-Jesse Inkster (Consultation Pharmacist)	-Lani McClellan (Early Years Outreach Worker)	-Donna Brown (Clinical Counsellor)
-Lyla Harman (Counsellor & Consultant)	-Anne Brown (Respiratory Therapist)	-Jodie DeAlmida (Reg. Health Nurse)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
	Donna B (Coun)	Jodie D (RHN)	Lyla H (Coun)	Julian (Chiro) Donna B (Coun) Lani M (EYOW) Jodie D (RHN)		
19	20	21	22	23	24	25
	Donna B (Coun)	Jodie D (RHN)	Anne B (RT) Dr.T.McLeod Lyla H (Coun)	Jesse I (CP) Julian (Chiro) Donna B (Coun) Sonia S (HCN) Lani M (EYOW)		
26	27	28	29	30	31	
	Donna B (Coun)	Laurie S (HCN) Jodie NTC (NP)	Heather T (NP) Lyla H (Coun)	Donna B Lani M (EYOW) Julian (Chiro)		

Hello Community Members,

There will be a lunch and learn at the community services from 12 until 1pm on Thursday January 23<sup>rd</sup>. The topic will be about high blood pressure, also known as “Hypertension”. Please come out and participate, I really appreciate the questions and shared stories. Snacks will be provided. I look forward to meeting you all.

### **Jesse Inkster (Pharmacist) – FNHA/Island Health**

First Nation’s Health Authority (FNHA) is starting a pilot project in which a clinical pharmacist from Island Health (Jesse Inkster – on the left in the picture below) to help the people of Ditidaht.

Clinical pharmacists specialize in helping people to understand the medications that they may need, and to be confident that

- Their medication will provide optimal benefit,
- Their medication is consistent with their care goals
- Any risk of harm is known and, where possible, minimized

While most clinical pharmacists work in hospitals, the best time to solve medication problems may be before these problems make people unwell. Clinical pharmacists can connect with people in their home community, listen and understand their health problem(s), help establish realistic medication treatment goals, identify and resolve drug therapy problems, and support people in making informed treatment decisions. This work will be designed and performed in respectful collaboration with existing caregivers, community members and leaders.





VANCOUVER ISLAND REGION  
First Nations Health Authority

# Do your Teeth and Gums need some TLC?

**Come for a visit with FNHA Island Region Dental Therapist, Melanie Braker**

Melanie lives in Port Alberni and is from the Tseshah First Nations with ties to Champagne Aishihik First Nation, Yukon. She has been a Dental Therapist for the last 12 years. The first 4 years have been in working in Saskatchewan private practice. For the last 8 years she has been based out of Port Alberni, providing care in the Nuuchah-nulth area, northern and southern region of Vancouver Island.

Services are free and available for BC First Nations clients of all ages, from infants to Elders.

Bring the whole family! As mother of two children, Melanie has first-hand knowledge of making oral health a good experience for young children and their parents.



## WHAT'S A DENTAL THERAPIST?

Dental therapists are recognized oral healthcare providers employed by the First Nations Health Authority (FNHA) and registered by the College of Dental Surgeons of BC. Dental Therapists provide a range of preventative, education, and treatment-focused oral health services under the supervision of a dentist.

Visit Melanie for professional dental treatment services such as:

- Routine check-ups
- Teeth cleaning, polishing, fluoride applications, and preventive pit and fissure sealants
- Fillings - whether to replace a lost one or to treat a tooth with active tooth decay
- Tooth extractions
- Oral health education, and tips to help you maintain good oral health, and products recommendations tailored to your specific needs
- Referral to dentists and other healthcare professionals as needed



Melanie also supports the FNHA's Children's Oral Health Initiative (COHI), an early childhood tooth decay prevention program for children aged 0-7, their parents and caregivers, and pregnant women. COHI services include annual screening, education, fluoride varnish applications, sealants and temporary fillings.

Planning a health event? Melanie is available to provide oral health education and activities at community events, schools, and health centres!

### COMMUNITIES SERVED

Melanie's home base is Port Alberni. Melanie travels to many communities on the island. In Ka:'yu:'k't'h'/Che:k'tles7et'h' Health Center and Anacla (Huu-ay-aht First Nation) where she works out of a fully equipped dental clinic at the Health Centres. In the following communities of Mowachaht/Muchalaht, Ditidaht, Hupacasath, Ahousaht, and Yuułuꞵiꞵath First Nations, she uses mobile dental equipment, providing COHI and Dental Therapy services.

At all locations, Melanie now is able to offer state-of-the-art digital dental x-rays using his new mobile unit. This benefits everyone, as no chemicals are used in processing the films and clients are exposed to much less radiation than traditional methods (70% less). Melanie also supports the COHI program in Tsawout, Tsartlip, Tseycum, Pauquachin by providing sealants and temporary fillings.

### MAKE AN APPOINTMENT

Contact your local Health Centre or local COHI aides to find out when Melanie will be in your community and to make an appointment.

Ka:'yu:'k't'h'/Che:k'tles7et'h' Health Center – COHI Aide – Lana Jules: 250.332.5239

Mowachaht/Muchalaht First Nations – COHI Aide – Jackie Jack: 250.283.2012

Yuułuꞵiꞵath First Nations – Call main reception to book: 250.726.7342

Ahousaht First Nations – Karen Frank: 250.670.9558

Hupacasath First Nations – COHI Aide – Sarina Van Volsen: 250.730.1754

Ditidaht First Nations – COHI Aide – Desiree Knighton: 250.745.3331

Huu-ay-aht First Nations – Main reception: 250.728.3414

**Or contact Melanie directly:**

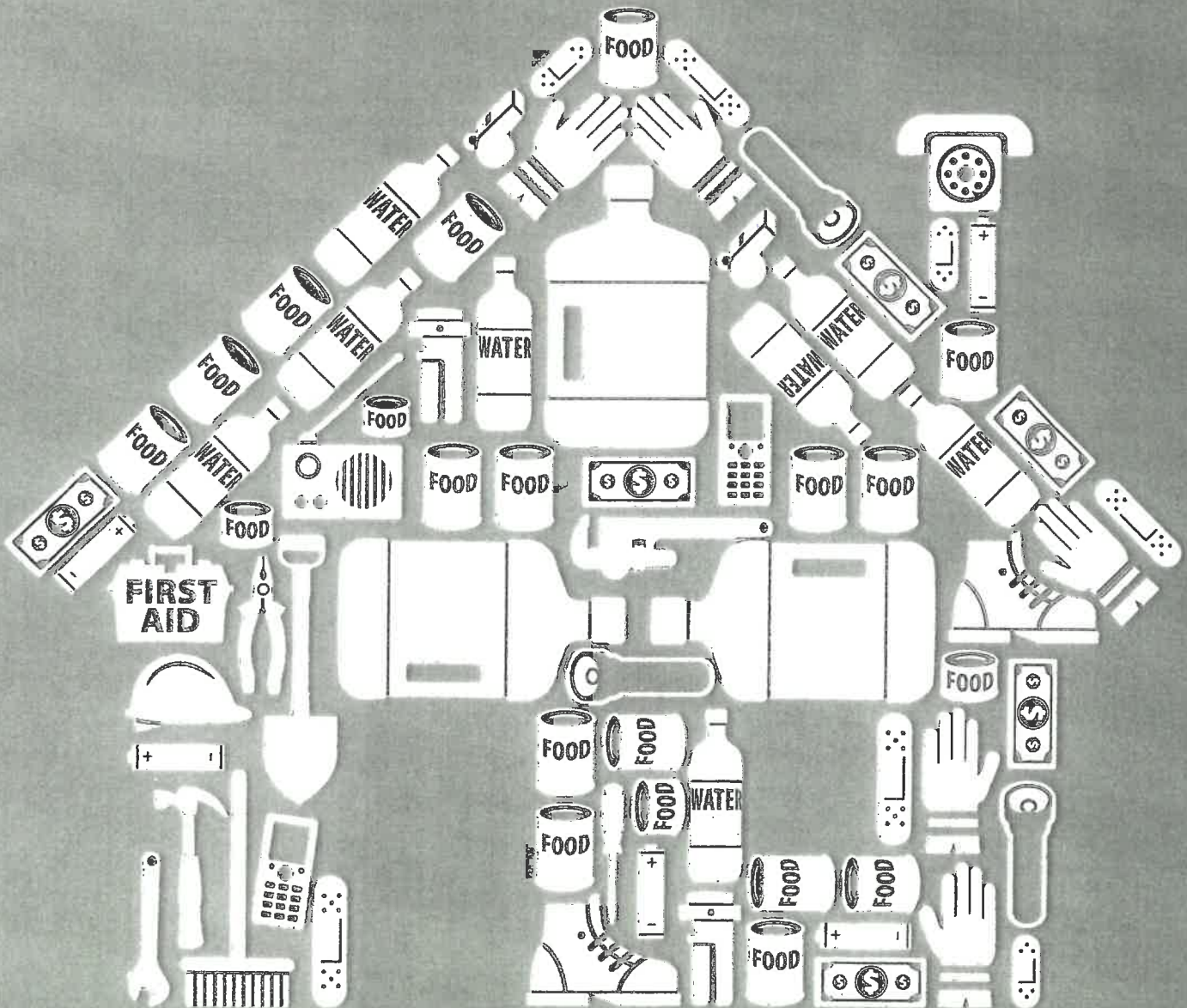
**CELL:** 778.875.2183

**EMAIL:** [Melanie.Braker@fnha.ca](mailto:Melanie.Braker@fnha.ca)



## Fill-in-the-blanks

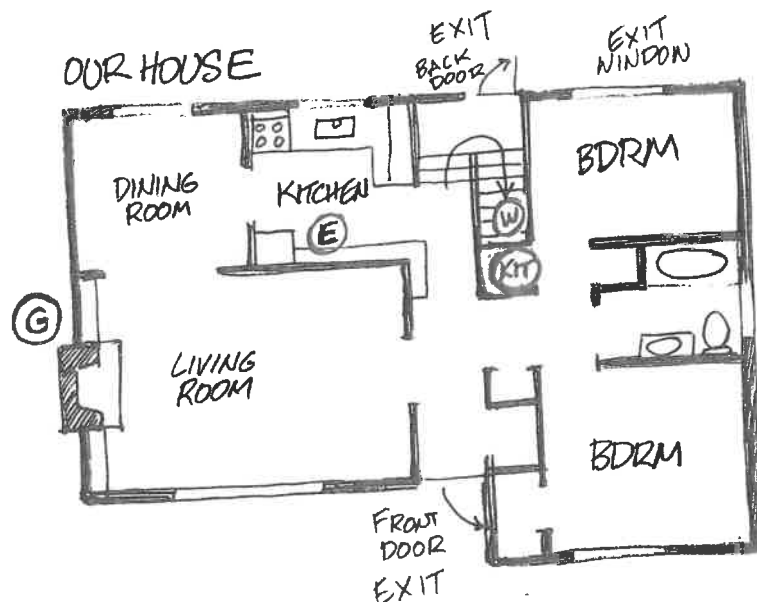
### Home Emergency Plan



## HOME EMERGENCY PLAN

### Our neighbours:

<b>Name(s):</b>	<b>Name(s):</b>	<b>Name(s):</b>
Street address:	Street address:	Street address:
Phone:	Phone:	Phone:
Email:	Email:	Email:
Skills/resources:	Skills/resources:	Skills/resources:
Emergency role:	Emergency role:	Emergency role:
Other notes:	Other notes:	Other notes:
<b>Name(s):</b>	<b>Name(s):</b>	<b>Name(s):</b>
Street address:	Street address:	Street address:
Phone:	Phone:	Phone:
Email:	Email:	Email:
Skills/resources:	Skills/resources:	Skills/resources:
Emergency role:	Emergency role:	Emergency role:
Other notes:	Other notes:	Other notes:





### Family member health information:

Full Name:

Care card number:

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### Medications, medical equipment or other health information:

Full Name:

Additional health information:

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### Family doctor(s):

Name:

Phone:

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#### TIP:

Keep copies of birth and marriage certificates, passports, licences, wills, land deeds, insurance and other important documents in a safe place both inside and outside your home, such as a safety deposit box or give them to trusted friends or family who live out of town.

#### TIP:

If you rely on a prescription, talk to your doctor or pharmacist about how to keep an extra supply or valid prescription in your emergency kit and grab and go bags. Be sure to check it regularly and replace it before it expires. Also, store an extra set of contact lenses and prescription glasses, if possible.

## HOME EMERGENCY PLAN

### Shelter-in-place:

The room we would go to in our home if we are asked to "shelter-in-place" (that is, stay inside and seal off doors, windows and vents) is:

\_\_\_\_\_

### Utilities and landlord information:

1. Water valve location:

\_\_\_\_\_

a. Utility company phone number:

\_\_\_\_\_

2. Electrical panel location:

\_\_\_\_\_

a. Utility company phone number:

\_\_\_\_\_

3. Gas valve location:

\_\_\_\_\_

a. Utility company phone number:

\_\_\_\_\_

4. Landlord phone number:

\_\_\_\_\_

### Insurance information:

Contact information and policy numbers:

Home:

\_\_\_\_\_

Auto:

\_\_\_\_\_

Life:

\_\_\_\_\_

### Emergency kit location:

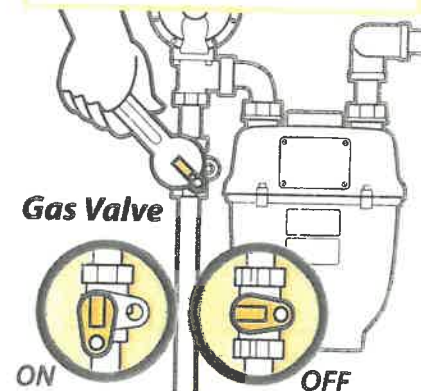
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### TIP:

If you suspect a gas leak, turn off the gas valve and leave immediately. **Do not try to turn it back on.** Only a registered gas contractor can do that safely.



#### TIP:

Make large, easy-to-see signs indicating the location of the water and gas shut-offs, as well as for the front of the electrical panel.



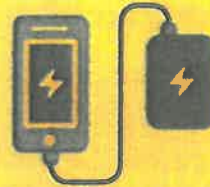
#### TIP:

Check with your insurance representative about what sort of assistance they can provide if you are evacuated for your home or cannot return.

### Basic Emergency Kit Supplies



**First-aid kit,  
prescriptions  
and other  
personal items**



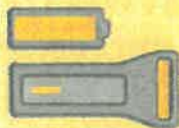
**Phone charger  
and battery bank**



**Battery-powered  
or hand-crank  
radio**



**Non-perishable  
food for at least  
three days to a week**



**Hand-crank or  
battery-powered  
flashlight with  
extra batteries**



**Blanket, seasonal  
clothing and  
footwear**



**Whistle to  
signal for help**



**Garbage bags,  
moist towelettes  
and plastic ties**



**Emergency plan,  
copies of important  
documents  
and cash**



**Water for three days  
to a week; four litres  
per person per day**



# Emergency Contact Information Cards

You and each family member should carry this card at all times



Emergency  
ManagementBC

## EMERGENCY CONTACT INFORMATION CARD

- After a major disaster, local phone service may be limited, so phone your out-of-area contact to keep in touch with your family
- Listen to the radio or TV for phone-use instructions, then call your contact person to say how you are, where you are and what your plans are
- Keep the call short and, if possible, arrange to call back at a specified time for another check-in



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### TIP:

Plan for each family member to call or e-mail your out-of-area contact in the event of an emergency. Let them know if you are okay, where you are located and when you will be calling them back. Teach young children how to make this call as well.



# Emergency Contact Information Cards

You and each family member should carry this card at all times

<b>Out-of-area contact</b> Name: _____ City/Province: _____ Phone: _____  <b>Places to meet family</b> Working days location: <i>daytime:</i> _____ <i>evening:</i> _____  Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____	<b>Out-of-area contact</b> Name: _____ City/Province: _____ Phone: _____  <b>Places to meet family</b> Working days location: <i>daytime:</i> _____ <i>evening:</i> _____  Non-working days location: <i>daytime:</i> _____ <i>evening:</i> _____
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## TIP:

If you or a family member has physical, medical, sensory or cognitive disabilities, or require(s) extra assistance, be sure to establish a support network of friends, relatives, health-care providers, co-workers and neighbours who understand these special needs.

**Notes:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Name: \_\_\_\_\_

Emergency role: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name: \_\_\_\_\_

Emergency role: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name: \_\_\_\_\_

Emergency role: \_\_\_\_\_

Contact information: \_\_\_\_\_



# TALKING ABOUT SUBSTANCE USE

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Substance use can be a difficult topic to discuss with family, friends, colleagues, strangers and often those closest to us. Talking about substance use brings up many thoughts, feelings, opinions and memories – good and bad.

Using stigmatizing language, shame or judgment is usually hurtful and makes it almost impossible to have constructive conversations with the people in our lives that use substances.

To become a safe person to talk with, use extra care and respect, come from a place of empathy, and remember that all people deserve human rights and dignity, including people who use substances. Let them know that you care about them and that you value their life.

When we are supporting people who are using substances, it is important to focus on building relationships based on safety and trust. You can be an important connection for someone in your life who is using substances. Beginning that conversation is a crucial first step. There is no perfect formula for having these conversations. This list of Do's and Don'ts is here to help you get started.

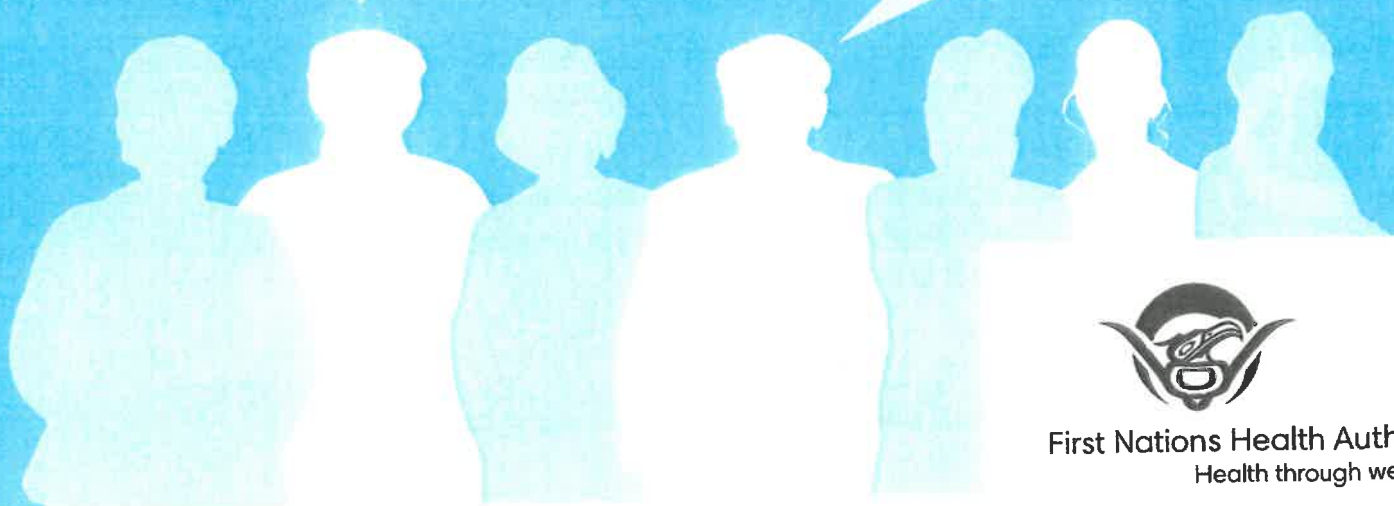
**DIGNITY**

**HARM  
REDUCTION**

**COMPASSION**

**REDUCE STIGMA**

**SUBSTANCE  
USE**



**First Nations Health Authority**  
Health through wellness



# DO'S

- DO** talk with people about something other than their substance use. Take a more holistic approach to engaging in conversations.
- DO** talk about addiction and substance use as a healing journey instead of it being a choice. Addiction is not a choice. It's much more complicated than "just saying no."
- DO** include people using substances in conversations and activities as often as possible, just as you would anyone else. Inclusion and belonging are good sources of medicine.
- DO** prepare to meet people where they are at instead of telling them where they should be at. People who struggle with addictions know their addictions affect everyone around them.
- DO** take time to learn about addiction and substance use. Talk to a counsellor or do your own research.
- DO** use person-first language like "people who use drugs" or, for people who have engaged in substance use in the past, "people with lived experience." Person-first language is respectful, maintains a person's dignity and shows compassion.

# DON'TS

- DON'T** focus the conversation solely on addiction. People are not their addictions or their behaviours. Addiction is just one part of life and it's important to focus on all the things that bring us joy, purpose and meaning.
- DON'T** tell people to "clean-up" or just "get sober." Avoid focusing the conversation on rehab and detox. These are overwhelming and unrealistic approaches to addiction and wellness. These approaches are judgmental and will not result in an opportunity for connection.
- DON'T** segregate or isolate people using substances or make relationships with them conditional. Doing this is hurtful and often leads to increased substance use.
- DON'T** give people using substances demands or try and guilt them with statements such as, "If you really loved me, you would stop using."
- DON'T** believe everything you see or hear about substance use on social media or television. There are a lot of myths, assumptions and incorrect statements. Take the time evaluate what is a commonly held belief that may not be true.
- DON'T** use stigmatizing language like "drug user," "drug addict," "clean" or other harmful terms. These terms reduce people to a single behaviour when they are so much more than that.



# OVERDOSE PREVENTION FAQ'S

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## WHAT IS AN OPIOID?

Opioids are a class of prescription drugs used to reduce pain. Common opioids include morphine, codeine, oxycodone, fentanyl, heroin and methadone. Opioids also affect the brain's pleasure system, which can make people feel euphoric or high.

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## WHAT IS FENTANYL? WHY IS THERE AN INCREASE IN FENTANYL USE?

Fentanyl is a human-made opioid and is prescribed for pain relief. Fentanyl is a very potent opioid, a person can overdose if they ingest as little as 2-3 grains of the drug. Recently, fentanyl began being used as a cutting agent in many illicit drugs, including cocaine and heroin, as it is very potent and cheap to manufacture.

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## WHAT ARE THE SIGNS OF AN OPIOID OVERDOSE?

Signs and symptoms of an opioid overdose include slow or absent breathing; choking, gurgling or snoring sounds; a lack of consciousness; blue lips and nails; cold and clammy skin; and/or tiny pupils. Essentially, the body slows down so much so that the person stops breathing and the lack of oxygen to the brain can lead to brain damage, coma, or death.

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## WHAT IS NALOXONE? WHERE CAN I GET IT?

Naloxone is an injectable medication that can prevent overdose and save a person's life. Take home naloxone kits are available from pharmacies, provincial harm reduction sites and First Nations health centres. The kits are available at no cost for First Nations and no prescriptions are required.

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## WILL I BE ARRESTED FOR SIMPLE DRUG POSSESSION IF I CALL 9-1-1 TO SAVE SOMEONE FROM OVERDOSE?

No, you will not be arrested. In May 2017, the Government of Canada enacted the Good Samaritan Drug Overdose Act to encourage people to seek help if someone is experiencing an overdose. The Act does not, however, provide legal protection against more serious offenses.



First Nations Health Authority  
Health through wellness



## WHAT SHOULD I DO IF I THINK SOMEONE IS HAVING AN OPIOID OVERDOSE?

Call 9-1-1 immediately. They will send first responders who can help keep the person alive. While you wait, provide rescue breaths and administer naloxone.

Follow the **SAVE ME** steps below to save a life.



If the person must be left unattended at any time, put them in the recovery position.



**STIMULATE**  
Unresponsive?  
**CALL 911**



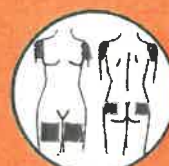
**AIRWAY**



**VENTILATE**  
1 breath every  
5 seconds



**EVALUATE**



**MUSCULAR  
INJECTION**  
1 mL of Naloxone



**EVALUATE**  
2nd dose?

Artwork created by: towardtheheart.com

## WHAT IS HARM REDUCTION?

Harm reduction is a public health approach that saves lives and provides safe choices to people struggling with addiction. This approach minimizes harm and potential danger for people using substances. A harm reduction approach meets people where they are at with acceptance and compassion – not judgment or shame. A harm reduction approach recognizes that every life is valuable and that substance use and addiction are complex and challenging.

People who struggle with addiction need to be supported not judged. Stigma around drug use can actually cause more deaths, as shamed people can become more reluctant to discuss their challenges with addiction or seek medical help.

## WHAT SHOULD I DO IF I NEED SUPPORT?

For culturally safe crisis support available 24/7 contact:  
KUU-US Crisis Support Service toll-free: 1-800-588-8717

For anonymous and non-emergency assistance contact:  
BC Drug and Poison Info Centre: 1-800-567-8911 or Healthlink BC: 8-1-1

## WHERE CAN I LEARN MORE?

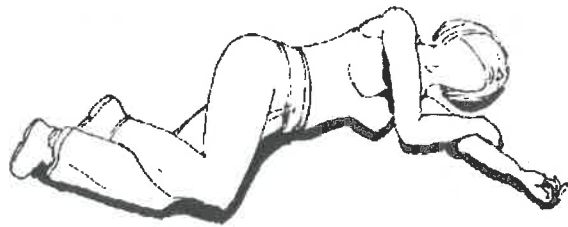
Visit the FNHA's Overdose Prevention portal: [www.fnha.ca/overdose](http://www.fnha.ca/overdose)  
For questions about harm reduction e-mail us at [stbbi@fnha.ca](mailto:stbbi@fnha.ca)

# Overdose death can be **PREVENTED**

Take Home Naloxone Kits reverse overdose and save lives.

Follow the **SAVE ME** steps below to save a life.

If the person must be left unattended at any time, put them in the recovery position.



**STIMULATE**  
Unresponsive?  
**CALL 911**



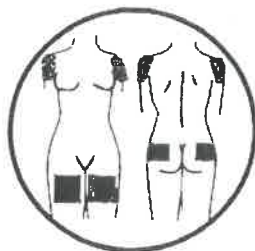
**AIRWAY**



**VENTILATE**  
1 breath every  
5 seconds



**EVALUATE**



**MUSCULAR  
INJECTION**  
1mL of Naloxone



**EVALUATE**  
2nd dose?

Artwork created by:  
towardtheheart.com



First Nations Health Authority  
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If you see someone having an overdose: Call 9-1-1  
To speak with a nurse about non-emergency overdose prevention: Call 8-1-1  
For more information visit us online: [www.fnha.ca/overdose](http://www.fnha.ca/overdose)