

‘Right Before Our Eyes’

A Post-Secondary Harm Reduction Based
Approach to the Opioid Crisis

Ben Bridgstock, MSc, RP, ICADC, CCS, CCAC

October 31st 2017



Section 1

The Opioid Crisis in Canada and the US

Opiates & Opioids

Opiates (derived from opium poppy plant)

Opium, Morphine, Heroin, Hydromorphone (Dilaudid), Percocet, Vicodin & Codeine

Synthetic Opioids (created in a lab, similar to opiates)

Methadone

Fentanyl (50-100 times more powerful than morphine)

Carfentanil (up to 100 times stronger than fentanyl)



The Opioid Crisis – Background

In April of 2017, Sheryl Ubelacker published an article on Canada's opioid crisis in MacLean's magazine, she wrote;

“Canada (and the US) is in the midst of an epidemic of opioid use and abuse, involving both prescriptions and illicit foreign potent narcotics, that shows no sign of abating and has led to an explosion of fatal overdoses”

(Ubelacker, 2017, pg.1)

Canadian Overdose Statistics

2016 = 2816 overdose deaths
8 deaths per day

CCSA (2017)

Canadian Overdose Statistics

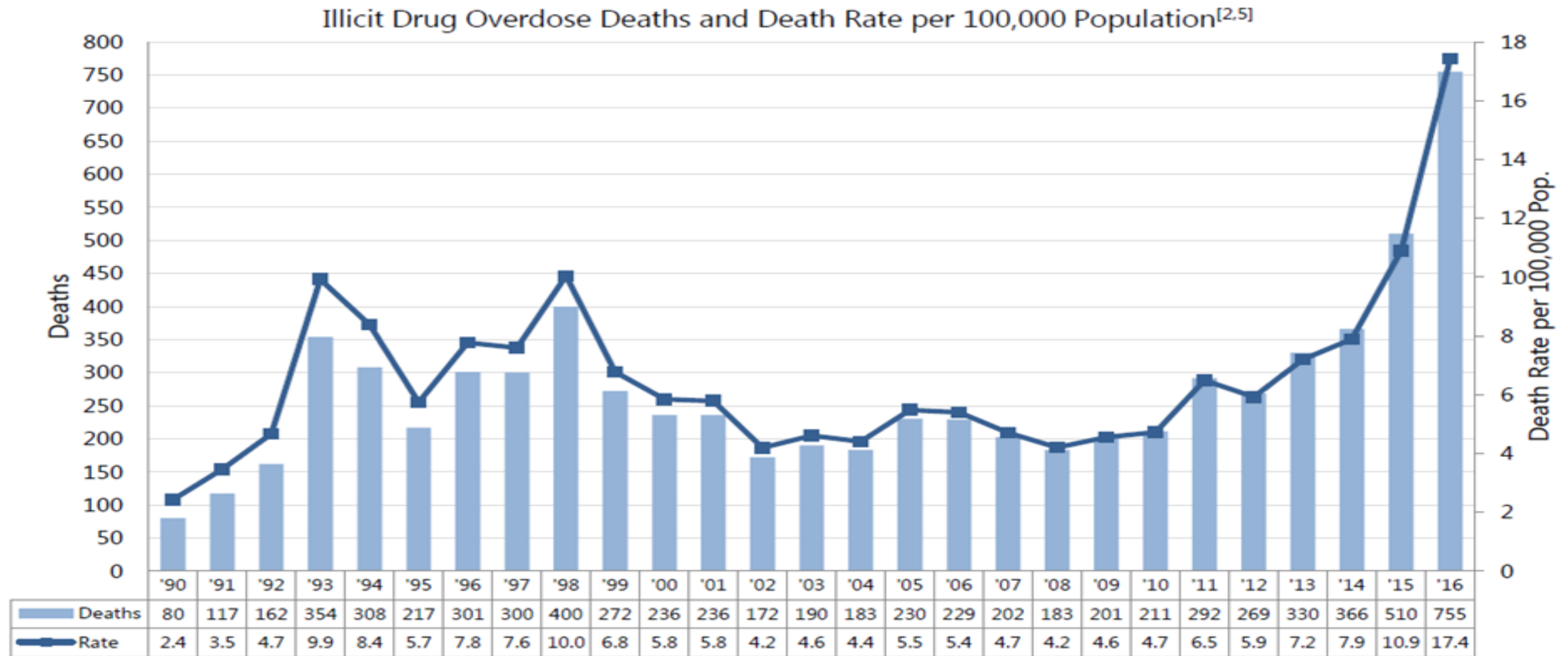
Between 2009 and 2015 overdose deaths indicated the following;

Fentanyl related deaths increased by 548 %

Hydromorphone related deaths increased by 232 %

Heroin related deaths increased by 975 %

Ubelacker (2017)



Source: BC Coroners Service (<http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>)

Total number of opioid toxicity deaths and opioid + alcohol toxicity deaths in Ontario, 2002-2014

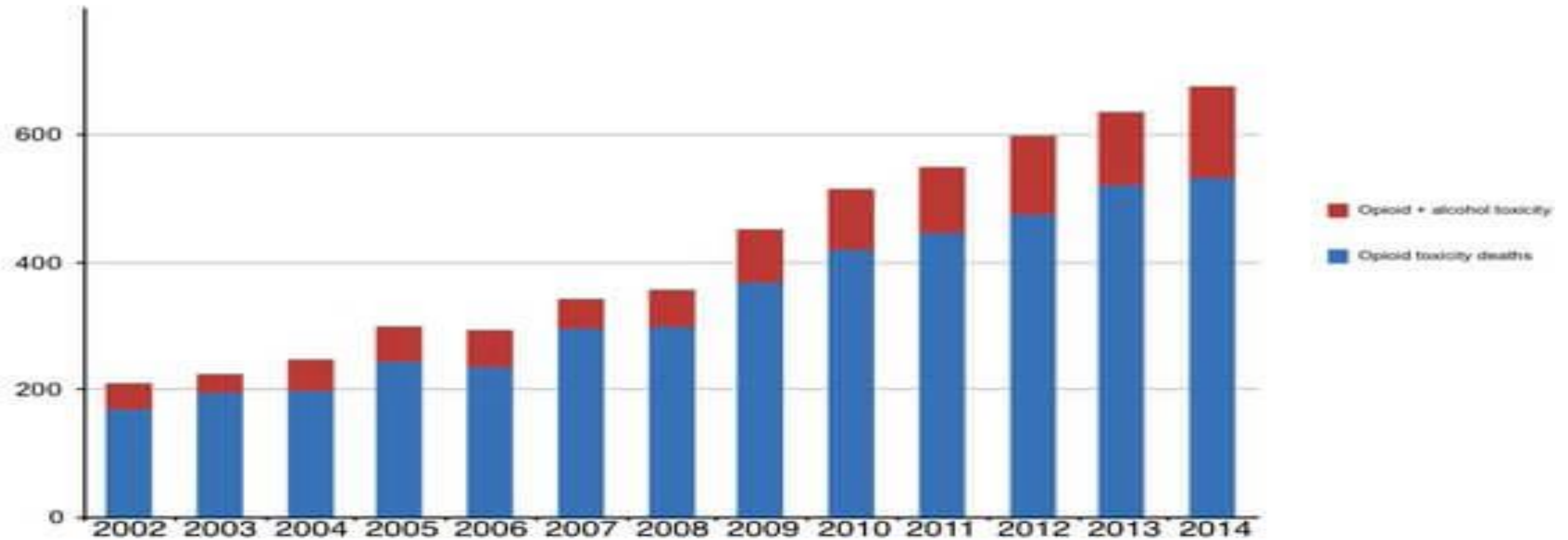


Figure 1: The total number of opioid toxicity deaths and opioid + alcohol toxicity deaths annually in Ontario from 2002 to 2014.

On average in 2014–2015, there were

13 hospitalizations for opioid poisoning each day in Canada



Who is being hospitalized and why?

Seniors age 65+
Had the highest rate,
reaching 20 per
100,000 population
in 2014–2015.



Youth age 15–24
Had the fastest growing rate,
increasing by 62% to 10 per
100,000 population between
2007–2008 and 2014–2015.



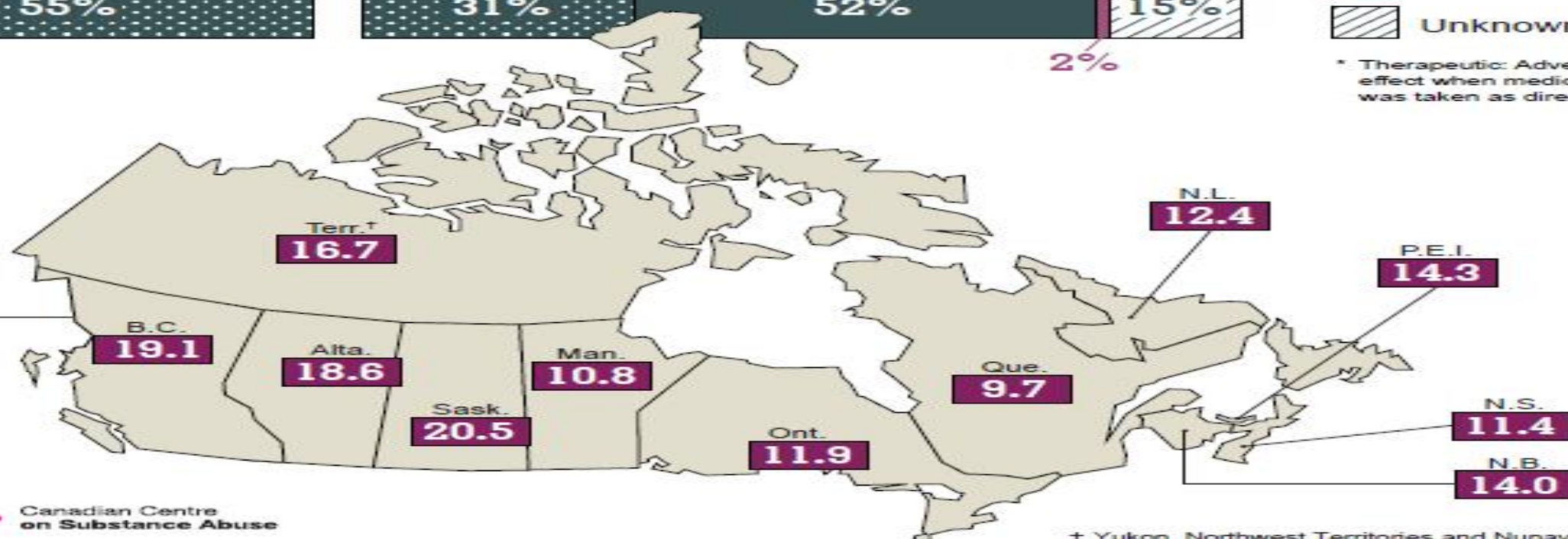
- Accidental
- Intentional
- Therapeutic*
- Unknown

* Therapeutic: Adverse effect when medication was taken as directed.

How do rates differ across Canada?



Age-adjusted rate per
100,000 population, 2014–2015



† Yukon, Northwest Territories and Nunavut data is grouped together and reported as "Territories" due to low volumes.



© 2016 Canadian Institute for Health Information

US Overdose Statistics

2016 = 66,000 overdose deaths

180 deaths per day

(equivalent to a new 9/11 every 17 days)

Katz (2017) & Brody (2017)

US Overdose Statistics

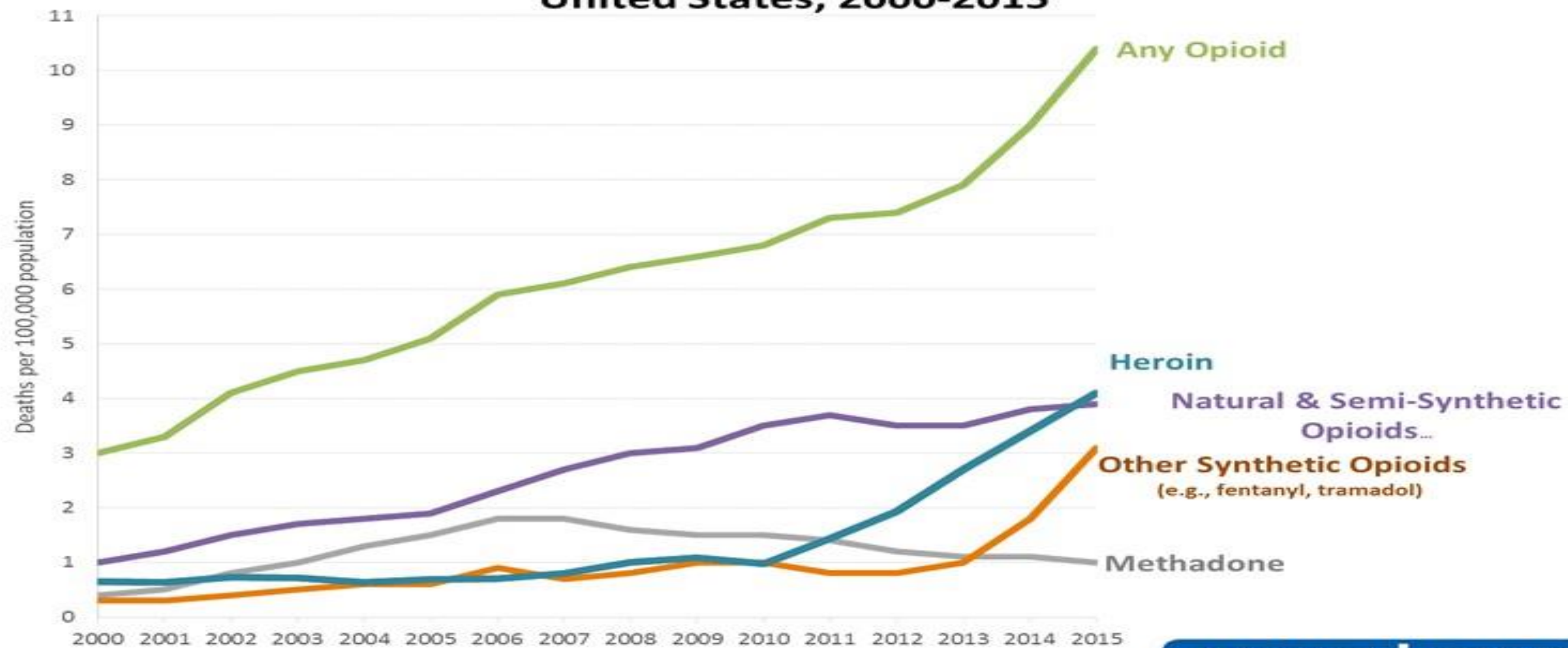
US has 5 % of the worlds population, but 80 % of prescription opioid use
&
27 % of the worlds overdoses

Over 55,000 children presented at US emergency departments addicted
to opioids in 2016, up from 32,000 in 2008

6 States have declared a 'Public Health Emergency' – Alaska, Arizona,
Florida, Maryland, Massachusetts & Virginia

Holpuch & Glenza (2017) & O'Neil (2017)

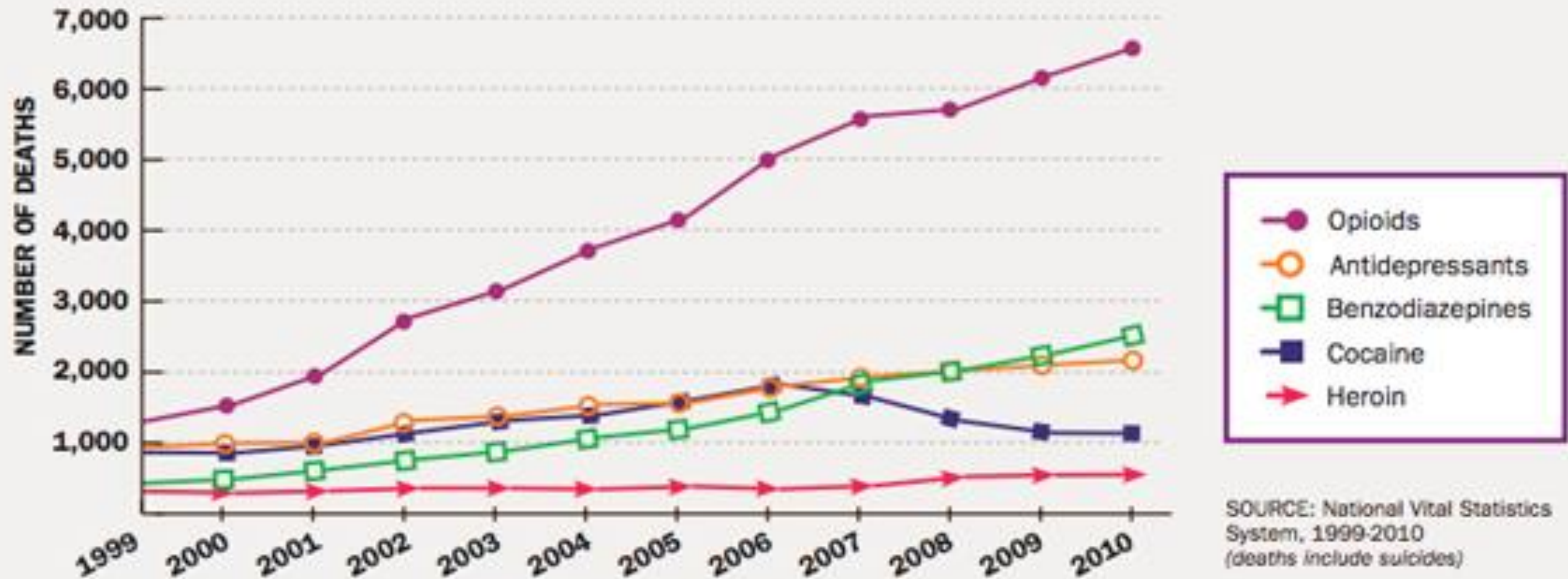
Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2015

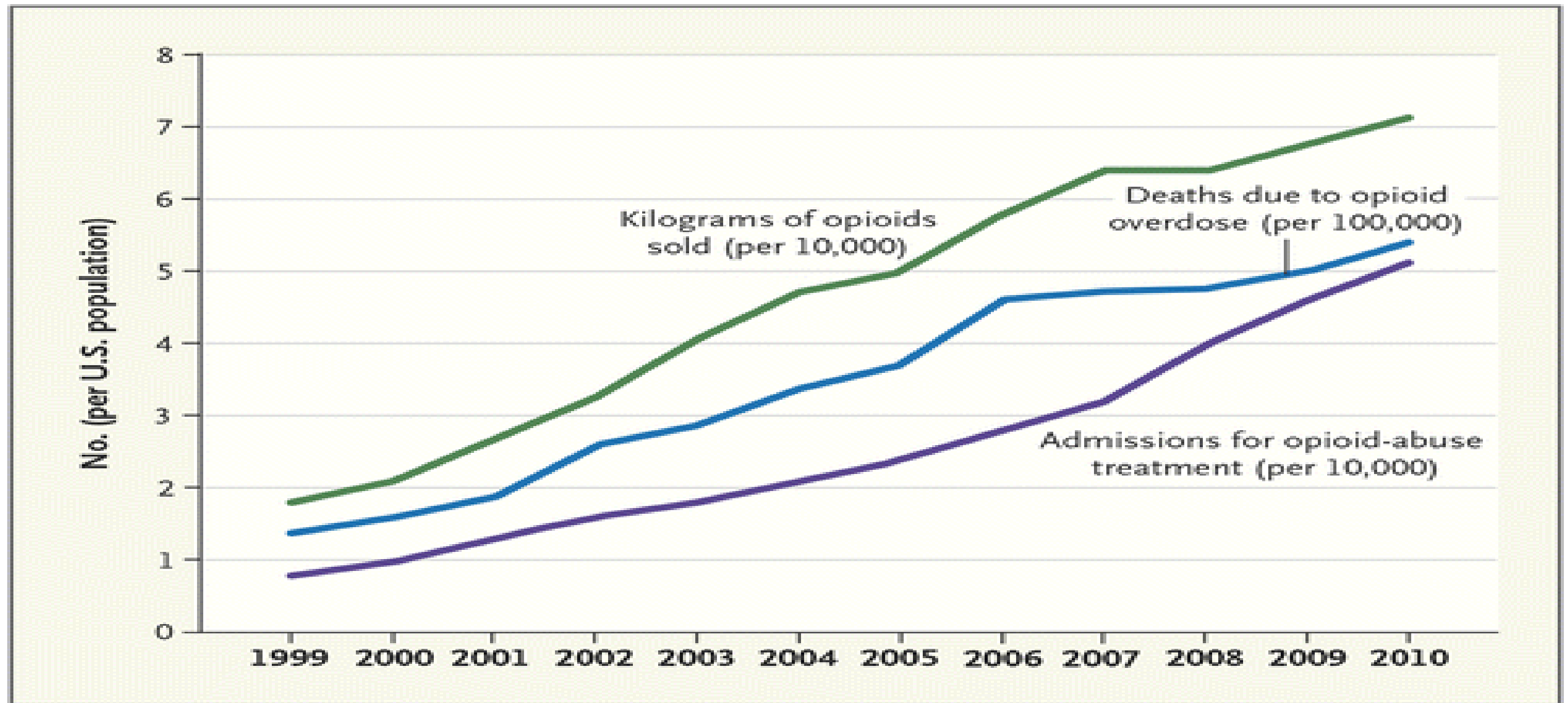


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information

Prescription painkiller overdose deaths are a growing problem among women.







Section 2

How Did We Get Here?

It started with a misunderstanding

Jane Porter and Hershel Jick published research in 1980 in the New England Journal of Medicine on the addictiveness of narcotics in a group of approximately 12,000 hospitalised patients, the articles headline was, “**Addiction rare in patients treated with narcotics**”.

*“Recently we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalised medical patients who were monitored consecutively...**We concluded that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction**”.*

(Schultze, 2017, pg. 3)

It then snowballed...

1980-1990 - 500 of 600 articles misquoted the Porter & Jick article

1980 -1990 - Opioid pain relief flooded the health system, cheaper than non-addictive non-opioid pain relief

1990's – Purdue Pharma released OxyContin to the market, advertised as non-addictive – it wasn't

2012 – Under pressure from politicians, Purdue Pharma released OxyNeo to the market – advertised as tamper proof - it was – and coupled with changing prescribing practices, weak regulation & oversight & reduced heroin supply, demand for illicit pain relief rises,

2012-2017 – Heroin, Fentanyl and Carfentanil fill the void created by legislation in the market



Prescription Painkillers – fueling a crisis





Section 3

Post-Secondary Substance Use

Emerging Adulthood – A Critical Time

Emerging adulthood (18-29) is a critical time because of...

- ☐ Continued developmental changes
- ☐ Reduced parental supervision
- ☐ Increased independence
- ☐ Lack of experience
- ☐ Increased levels of stress
- ☐ Entrance into college or university
- ☐ Increased financial independence
- ☐ Increased exposure to alcohol and drugs

(Bergman et al. 2016)



Emerging Adulthood cont....

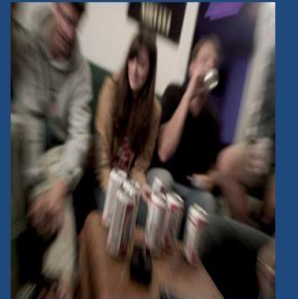
Emerging adulthood (18-29) is a critical time because of...

- ❑ Peak mental health incidence
 - ❑ Highest psychiatric comorbidity
 - ❑ Lower motivation
 - ❑ Poor treatment outcomes
-
- ❑ 64 % of substance use treatment admissions state their substance use began during emerging adulthood
 - ❑ 20 % of substance use treatment admissions occur during emerging adulthood

(Smith et al, 2016, Stanis & Anderson, 2014)

Critical Health Issues of Emerging Adulthood

- Critical period for mental health concerns, such as:
 - depression,
 - suicide.
- Substance use, including binge drinking and use of marijuana & other illicit drugs.



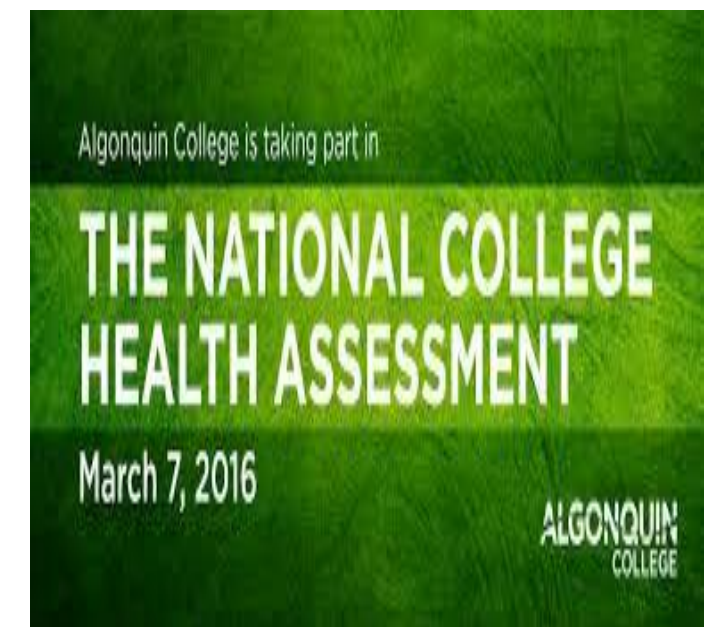
NAHIC

9

Canadian 2016 National College Health Assessment Data

- ❑ **43.2 %** of students used alcohol between 10-29 days
- ❑ **12.5 %** of students used alcohol all 30 days
- ❑ **30.5 %** of students used marijuana between 10-29 days 11.1 % of students used marijuana all 30 days
- ❑ **18.1 %** of students drove a vehicle after 5 or more drinks
- ❑ **26.1 %** of students consumed 5 or more drinks at one setting in the last two weeks
- ❑ **25.9 %** of students used someone else's prescription drugs in the last 12 months
- ❑ **1.3 %** of students were diagnosed or treated for addiction in the past 12 months

(Canadian NCHA data, 2016 – 41 institutions & 43,780 students)



Canadian 2016 National College Health Assessment Data Cont....

In the last 30 days;

- ❑ 1.4 % of student used MDMA
- ❑ 1.7 % of students used Cocaine
- ❑ 1.7 % of students used Amphetamines
- ❑ 2.2 % of students used Sedatives (downers)
- ❑ 0.3 % of students used Opioids (Heroin, Fentanyl)
- ❑ 0.8 % of students used Hallucinogens (LSD, PCP)
- ❑ 0.4 % of students used other club drugs (GHB, Ketamine, Rophynol)
- ❑ 0.9 % of students used other illegal drugs

(Canadian NCHA data, 2016 – 41 institutions & 43,780 students)



Substance Use Harms Experienced by Using Students

Murphey & Dennhardt (2016) & Hustad et al. (2010) reported the following harms to students that drink heavily and/or use drugs;

- ☐ Risky sexual activity
- ☐ Blackouts
- ☐ Sexual/physical assaults
- ☐ Arrests
- ☐ Injuries
- ☐ Fatal accidents
- ☐ Academic underachievement
- ☐ Career underachievement
- ☐ Property damage
- ☐ Alcohol poisoning



Substance Use – Harms Experienced by the Post-Secondary Institution

Dejong (2008) and Wechsler & Nelson (2008) reported that failure to address substance on campus led to the following outcomes for post-secondary institutions;

- ☐ Damaged a institutions reputation
- ☐ Negatively impacted an institutions academic ranking
- ☐ Increased operating costs
- ☐ Damaged the relationship with the institutions community
- ☐ Students falling behind with assignments
- ☐ Students grades slip



Substance Use – Harms Experienced in the Post-Secondary Institutions Local Community

Cousins et al. (2014) and Wechsler & Nelson (2008) reported that non students living close to college/university campuses were twice as likely to encounter;

- ☐ Vomit on sidewalks, gardens and parking lots
- ☐ Public urination
- ☐ Vandalism
- ☐ Sexual assault
- ☐ Being pushed, hit or assaulted
- ☐ Increased garbage
- ☐ Noise disturbances
- ☐ Serious arguments



Harm Reduction requires community support to make drug use safer and less harmful to its residents



Section 4

Harm Reduction

Harm Reduction – A Definition

“Harm reduction is a range of practical strategies, policies and programs focused on reducing the adverse health, social and financial consequences associated with [drug policy and] drug use.”

(International Harm Reduction Association (2010); Harm Reduction Coalition)

Harm Reduction – A Definition

“Harm reduction is any policy or program designed to reduce drug related harm without requiring the cessation of drug use. Interventions may be targeted at the individual, the family or community.”

(Canadian Addiction & Mental Health Association, 2002)

History of Harm Reduction

- ❑ Originated 1980's in Liverpool, England & Netherlands
- ❑ Goal – limit blood borne infection rates due to intravenous drug use
- ❑ 1990 – First ever International Conference on harm Reduction
- ❑ Rapid worldwide expansion and acceptance of harm reduction principles over past three decades
- ❑ 2016 Kuala Lumpur Declaration called for a 'harm reduction decade'

(Denning, 2006 & Cook, 2016)

Basic Principles of Harm Reduction

- ❑ Pragmatism
- ❑ Respecting human rights
- ❑ Reducing harms
- ❑ Goal prioritization
- ❑ Flexible
- ❑ Personalized interventions
- ❑ Autonomy
- ❑ Person Centered

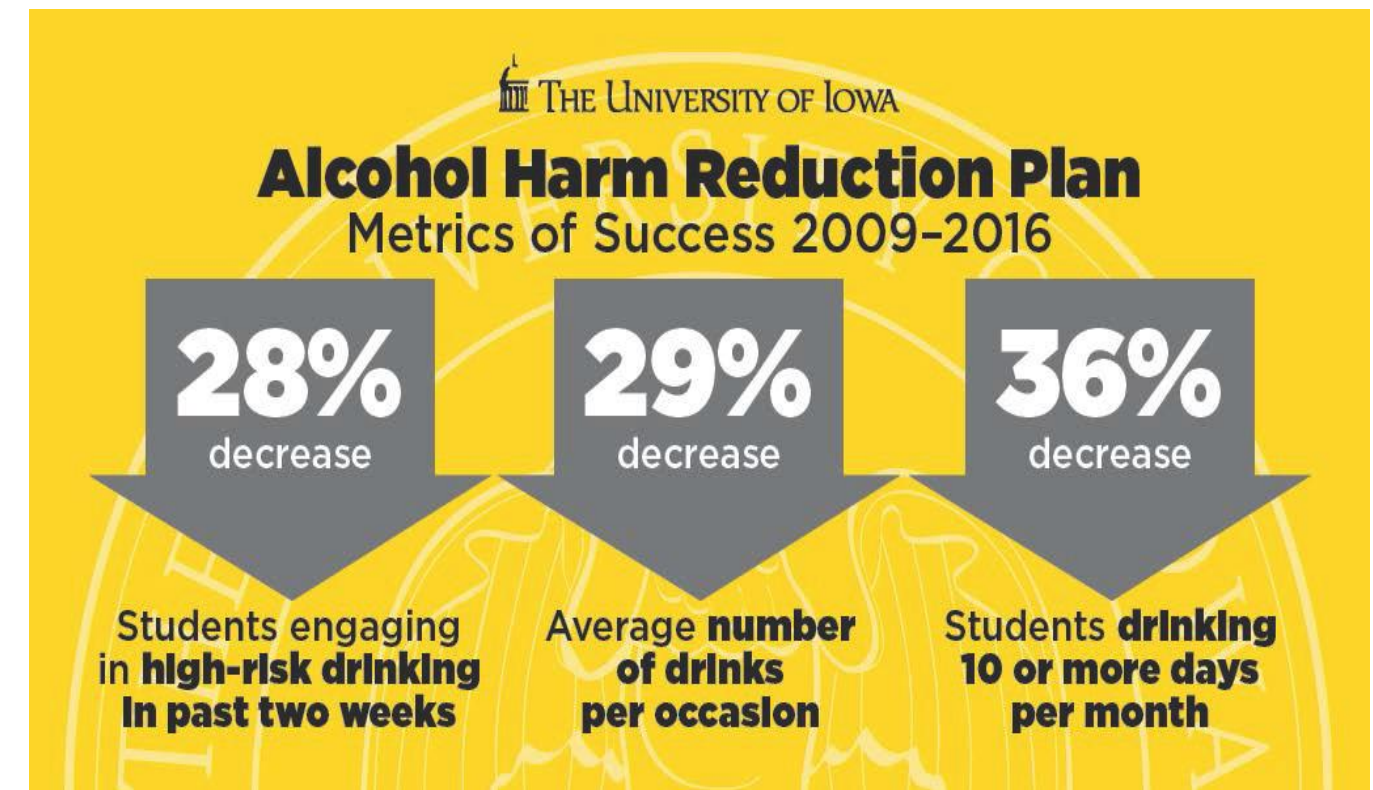
(BCHRSS, 2011 & Cook, 2016)



Benefits of Harm Reduction

- ❑ Improves individuals quality of life
- ❑ Saves lives
- ❑ Improves health outcomes
- ❑ Is respectful and supportive
- ❑ Cost effective
- ❑ Increases treatment uptake
- ❑ Adapts to cultural contexts
- ❑ Limits the spread of infection and disease
- ❑ Is compassionate and re-humanizing

(Cook et al. 2016)



Harm Reduction – A Call to Action

Barlow et al. (2009) recommended;

- ❑ A change in approach to substance use prevention and treatment
- ❑ The cessation of 'just say no' or abstinence based approaches to substance use
- ❑ The adoption of harm reduction based prevention and treatment strategies



Section 5

Applying Harm Reduction Strategies to A Post-Secondary Environment

This Changes Everything...



Fentanyl – What's all the fuss about?

- ❑ Fentanyl is 50 to 100 times more toxic than the basic opioid, morphine.
- ❑ It only takes an extremely small amount of the powder form to kill someone (as little as the equivalent of 2 grains of salt).
- ❑ Fentanyl is in counterfeit pills that look identical to prescription opioids (OxyContin, Percocet).
- ❑ You can't see, smell, or taste fentanyl.
- ❑ Carry Naloxone – it's a medication that can reverse an overdose for a few minutes.
- ❑ Carfentanil is like Fentanyl, but 100 times stronger



The Opioid Crisis - Challenging Traditional Service Delivery

In the United States, the Presidents Commission summed up the new reality when it stated,

“We have an enormous problem that is not often beginning on street corners, it is starting in doctor’s offices and hospitals in every state in our nation”

(McGreal, 2017, pg3).

This sentiment was echoed by Canada’s Prime Minister, Justin Trudeau who was quoted by McLean's in March of 2017:

“The opioid crisis is devastating communities and families across Canada...the impact is devastating. Families ripped apart. Communities forever altered. Loved ones lost too soon...this is a crisis that seems for most Canadians, to be very far away...but we are seeing a spread of opioids across the country and we are seeing it spread far and wide across socio-economic levels across communities”.

(Mclean’s, 2017, pg.1)

The New Reality

Dr. Supriya Sharma, the Chief Medical Officer for Health Canada was quoted in a CBC News article about student safety during Frosh week as saying;

“What is different in these last few years, and especially in this last year, is that we were really facing a public health crisis with respect to drug use and opioids and overdoses”.

Dr. Sharma highlighted three areas of concern, they were;

- ❑ Students mixing drugs and alcohol increase their risk of overdose if both are depressants
- ❑ Contamination of drugs, even those that look like prescription pills can be fatal
- ❑ The smallest doses of fentanyl can be fatal, especially if someone hasn't used them before
- ❑ Students need to be aware of the risks when taking drugs and have strategies for mitigating them

(Rumbolt, 2017, pg. 1)

Highlight Good Samaritan Drug Overdose Act

The Good Samaritan Drug Overdose Act became law in Canada in May of 2017, if an individual is in breach of the following conditions they are protected from prosecution under the law;

- ☐ Parole
- ☐ Pre-trial release
- ☐ Probation orders
- ☐ Simple possession
- ☐ Conditional sentences

The act does not provide protection against more serious offences, for example;

- ☐ Outstanding warrants
- ☐ Production and trafficking of controlled substances
- ☐ Any/all other crimes not outlined within the act

Recommendation – share information widely across campuses using a variety of methods



First Aid Training

In August 2017 the Canadian Red Cross updated all First Aid and CPR training to include;

- ☐ Overdose awareness
- ☐ Overdose prevention
- ☐ Responding to an overdose
- ☐ Naloxone administration

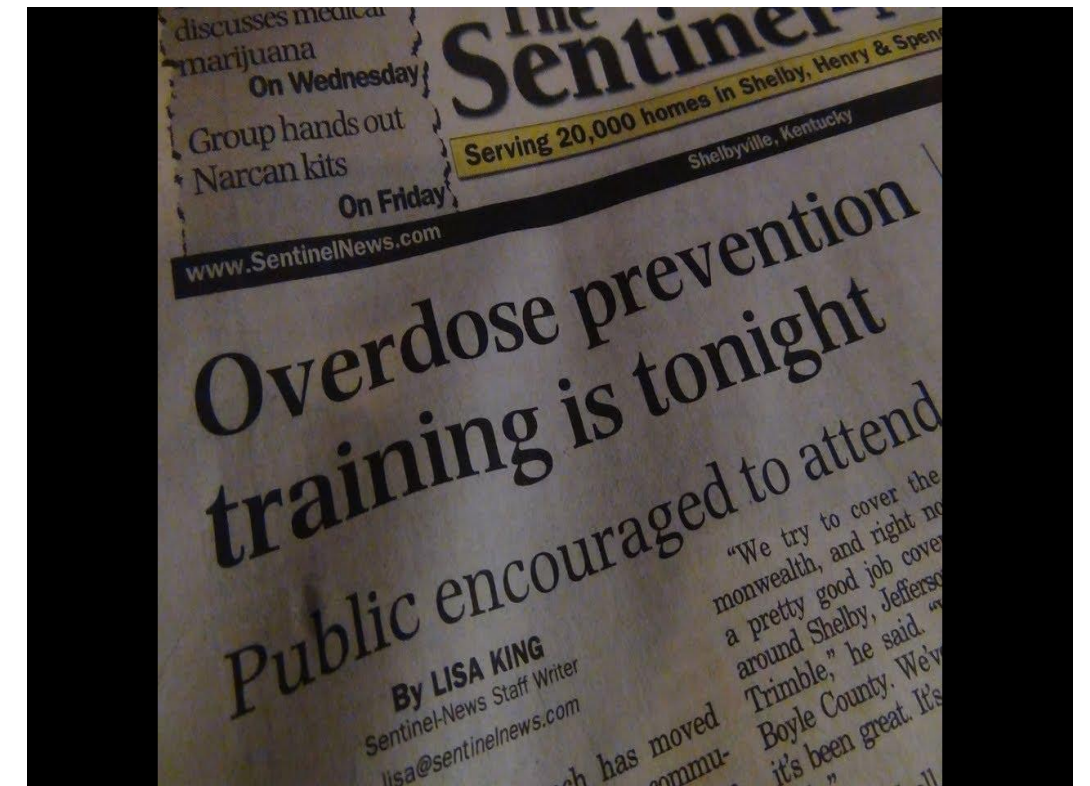


Recommendation – only contract providers that incorporate overdose prevention/Naloxone training

Overdose Prevention Training

Recommendations include;

- ❑ Invite Public Health to deliver overdose prevention training to staff and students
- ❑ Post recording of training on institutions web site
- ❑ Email staff and students overdose prevention information
- ❑ Utilize social media platforms to share information
- ❑ Repeatedly offer overdose prevention training on all campuses / sites
- ❑ Invite local substance use agencies to assist in delivery of training
- ❑ Develop in-house expertise in this area



Overdose Prevention Resources

Public Health Agency of Canada – Overdose Prevention Site

<https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/overdose.html>

United States Centre for Disease Control and Prevention – Overdose Prevention Site

<https://www.cdc.gov/drugoverdose/prevention/index.html>

Culturally Appropriate Interventions

“Health services, including harm reduction exist within a system that is in the process of profound and necessary change in the way that they engage and provide services to indigenous people and communities...policies, programs, and practices that include and support Indigenous cultural safety and cultural humility provide a means of addressing structural and institutional elements that have perpetuated health inequalities”.

(BCCDC, 2017, pg.2)

Recommendation –partner with agencies experienced in working with Indigenous students, refugees and new Canadians

Western
Aboriginal Harm
Reduction
Society

Learn more at
<http://wahrs.ca/>



Disposal of Unused Prescriptions

A study by John Hopkins University found that;

- ☐ Between 42-71 % of patients failed to use the opioid medications they received
- ☐ Between 67 to 92 % still had the unused drugs at home
- ☐ Between 73 to 77 % of the prescriptions were not kept in a locked container
- ☐ All studies concluded patients had no plan to safely dispose of the unused prescriptions

(Bicket et al. 2017)

Recommendation – install medication disposal units on campus and advertise their locations and purpose



Parental Involvement

Donovan et al (2012) cited numerous studies that indicate parental attitudes and beliefs about substance use does impact their child's level of substance use, even when they are living away from home at college.

It recommended utilizing web based tools to share substance use information with parents, there are benefits to this method of delivery, including;

- ❑ A web based tool can reach large number of parents, widely dispersed internationally
- ❑ It's a cost effective and efficient method of information dispersal
- ❑ The tool can have its content updated quickly and easily
- ❑ Advances in technology can be incorporated into a web based tool, keeping it engaging



Peer Support

Example - Western University Student Emergency Response Team

- ❑ 100 % student driven
- ❑ Each student gets 100 + hours of medical training
- ❑ Students trained in overdose prevention
- ❑ Students equipped with Naloxone
- ❑ 24/7 coverage
- ❑ In partnership with Security Services and EMS



Recommendation – establish a peer led support group/network/SMART meeting

Peer Support Benefits

The benefits of peer support include;

- ❑ Clients are more likely to engage in services
- ❑ Harm reduction services are promoted within hard to reach client populations
- ❑ Harm reduction supplies and information are disseminated amongst active users
- ❑ The health care system receives feedback and information from users that allows it to adjust, adapt and remain relevant for users
- ❑ Harm reduction programming is relevant and appropriate to the area
- ❑ Harm reduction staff are provided with extra credibility, leading to greater uptake in services
- ❑ Harm reduction services reflect the local environment, saving money and increasing efficiency

(BCCDC, 2017, pg. 2 & 10)



Health Services – Prescribing Practices – esp. for Pain Management

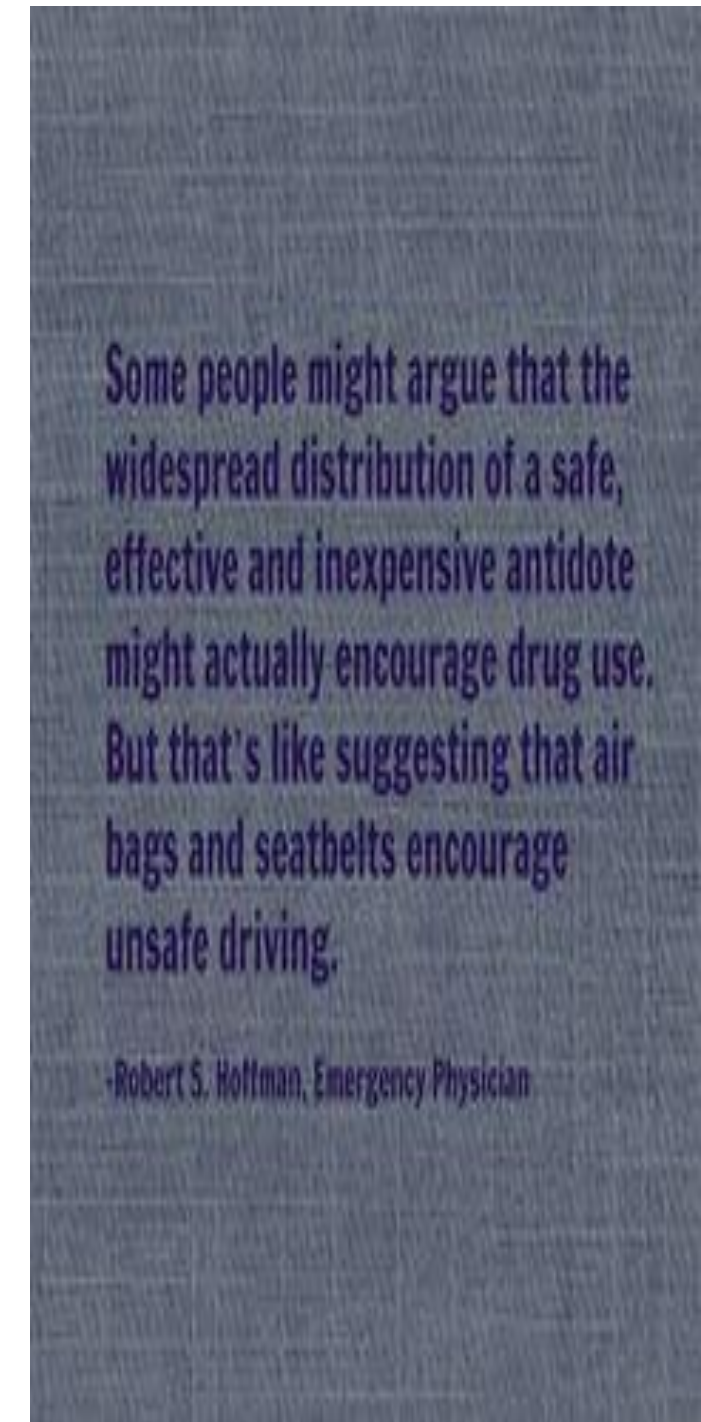
There are a number of steps recommended for Health Services on campuses, they are;

- ❑ When a student presents in a health clinic who has a pre-existing prescription for opioid medication, a thorough review of the patient's history is recommended before any new prescriptions are issued
- ❑ Robust partnerships with Public Health teams and local methadone clinics are encouraged where possible
- ❑ Physicians are encouraged to proactively explore alternative non-opioid forms of chronic pain management that students could utilize
- ❑ It is recommended that overdose prevention information be prominently displayed throughout health clinics
- ❑ Student ought to be encouraged to return any unused prescriptions

The College of Family Physicians of Canada provide up to date information on evidence based best practices regarding prescribing opioids for chronic pain, learn more at;

http://www.cfpc.ca/2017_canadian_guideline_opioids_chronic_non_cancer_pain/

Narcan / Naloxone



Recommendation - institutions stock, distribute and facilitate access to Naloxone for staff and students, and provide training on appropriate use

Addictions Medicine

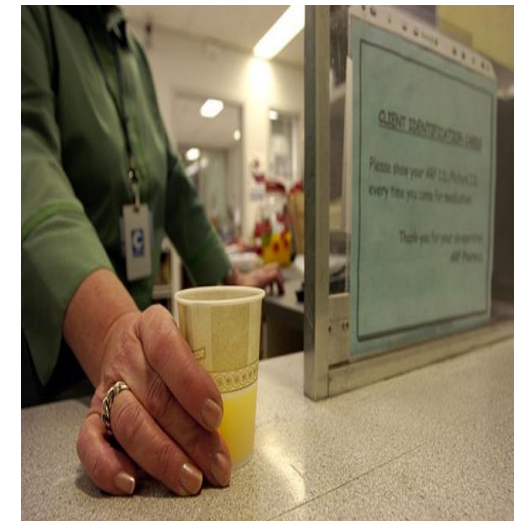
A recent study examined outcomes for 27 post-secondary students who were offered treatment on campus demonstrated high retention rates, good efficacy and safety findings, concluding that post-secondary campuses could be used to deliver opioid dependency treatments. Services offered to students in this study included;

- ❑ Buprenorphine prescription
- ❑ Psychiatric support
- ❑ Urine drug screening
- ❑ Access to support groups
- ❑ Access to individual psychotherapy

(Iarovici, 2014, pg.60)

Addictions medications typically used for opioids - Methadone, Buprenorphine and Naltrexone

Recommendation - institutions ought to facilitate access to addictions medicine for students




Partnerships with Public Health

Public Health partnerships are recommended, they could include;

- ☐ Overdose training for staff and students
- ☐ Email overdose prevention information to staff and students
- ☐ Information booths
- ☐ Social media campaigns
- ☐ Links to PH websites on institutions sites
- ☐ Partnership on local committees and initiatives
- ☐ Naloxone training by PH pharmacists
- ☐ Communicate local Naloxone distribution sites



Opioid Overdose Signs and Symptoms

<p>Breathing will be slow or gone</p> 	<p>Lips and nails are blue</p> 
<p>Person is not moving</p> 	<p>Person may be choking</p> 
<p>You can hear gurgling sounds or snoring</p> 	<p>Can't be woken up</p> 
<p>Skin feels cold and clammy</p> 	<p>Pupils are tiny</p> 

Adapted with permission from the Ontario Harm Reduction Distribution Program

Ottawa Public Health.ca
Santé Publique Ottawa.ca

613-580-6744
TTY/ATS : 613-580-9656



/Ottawa Health
/Ottawa Santé

Drug Testing Equipment

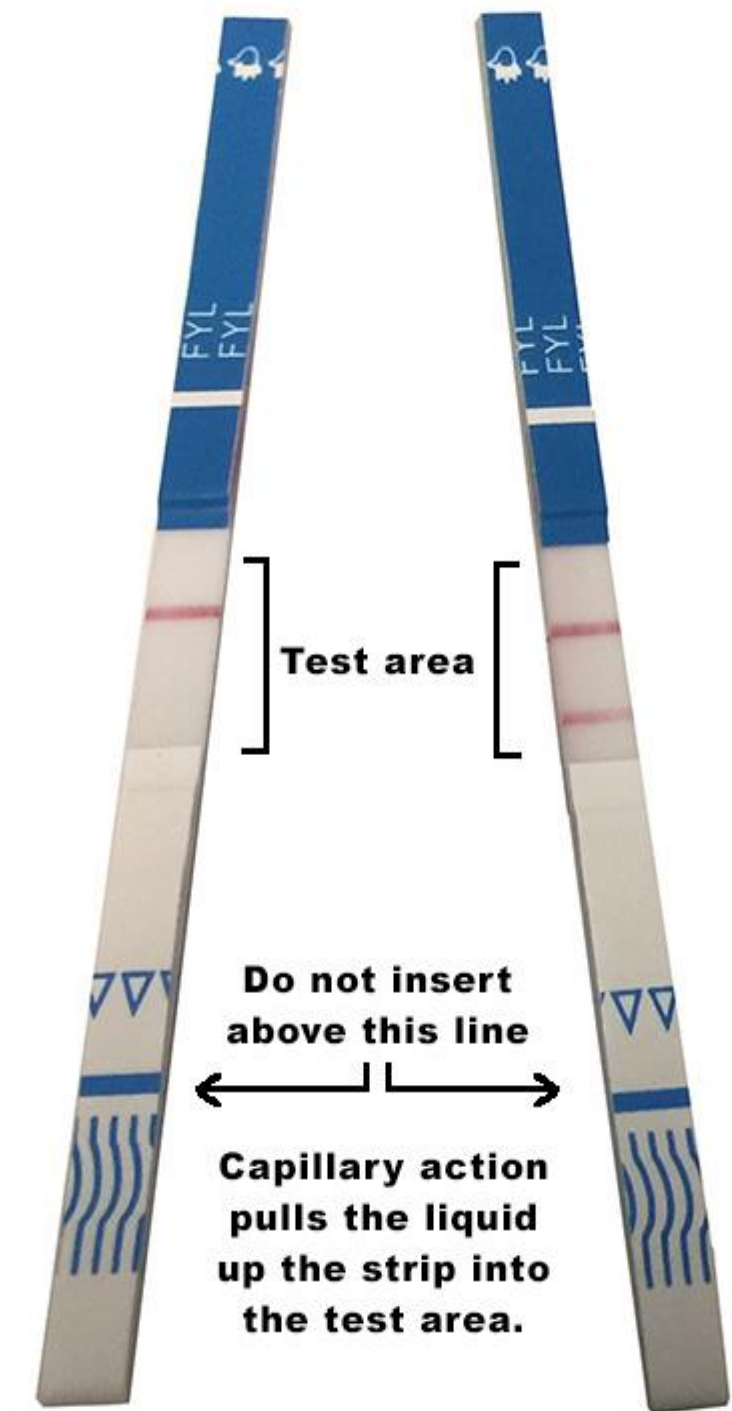
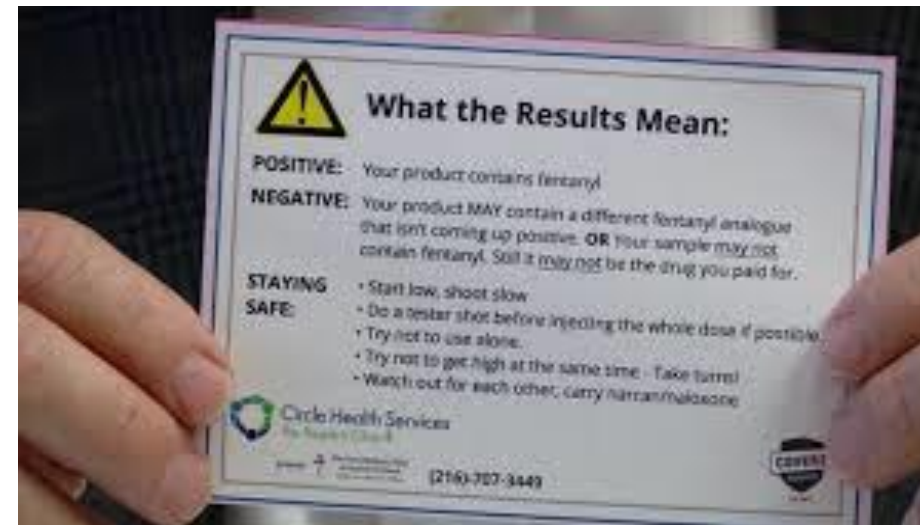
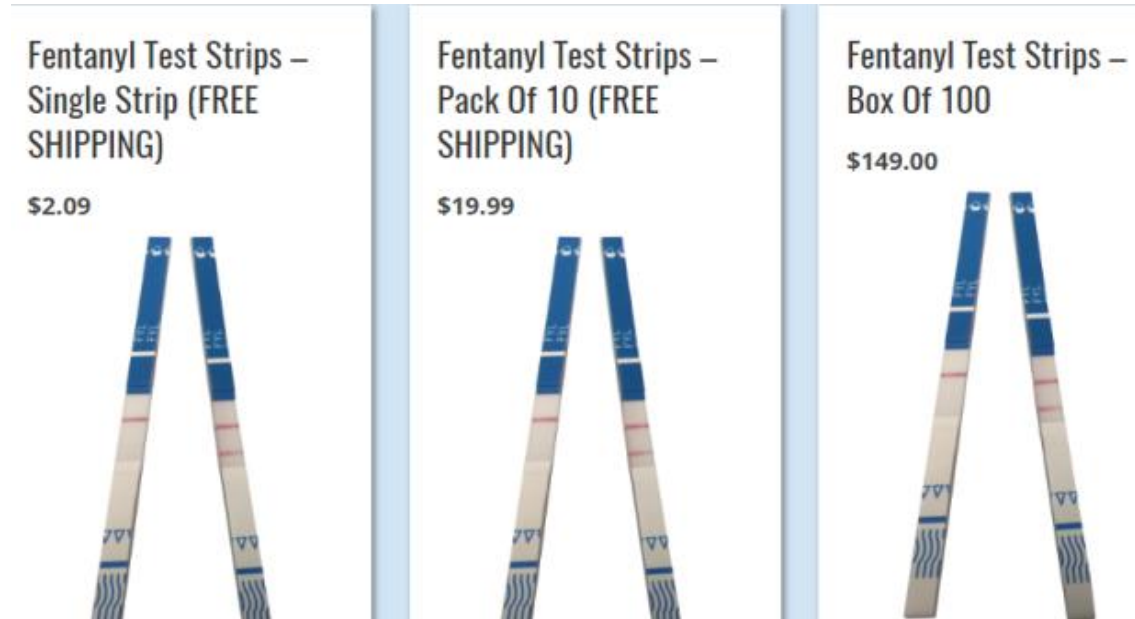
In the summer of 2017 'The Loop' organized drug testing at 6 major UK festivals, this process was known as 'multi agency safety testing', and was based on existing practices in the Netherlands, Spain, Austria and Switzerland. The process included;

- ❑ Drugs are tested on site at large events
- ❑ Event attendees are provided with a breakdown of their drug within 2 minutes
- ❑ Event attendees meet with harm reduction workers to discuss the results
- ❑ Individuals can choose to use the drug, use less, delay use etc. or have the drug destroyed
- ❑ Police, public health and substance use agencies partner on this project



Recommendation - interested parties partner and invest in mobile drug testing equipment that can be used at events, on or off campus where substance use is likely

Drug Testing Strips – Fentanyl



ONE RED LINE MEANS
POSITIVE FOR FENTANYL

TWO RED LINES MEANS
NEGATIVE FOR FENTANYL

Recommendation – provide free access to drugs testing strips to all students

Needle Exchanges

Needle exchange programs often provide a range of services, including;

- ☐ A fixed site, and mobile van or street workers
- ☐ Needle dispensers in key areas
- ☐ Distribution of kits, needles, bleach, vitamin c (helps dissolve heroin or crack), sterilised water, disinfectant/alcohol swabs, cookers and needle carrying cases and condoms
- ☐ Provide safe injection information
- ☐ Provide information and education about a range of medical issues
- ☐ Refer clients to appropriate treatment and social resources
- ☐ Overdose prevention and management, including providing Naloxone

Recommendation – facilitate access to needle exchanges, or provide sharps boxes on campus



Utilize Technology

ACHESS – Learn more at <http://chessmobilehealth.com/achess.html>

My Student Body – Learn more at <https://www.mystudentbody.com/>

Rainy Daze – Learn more at <http://plato.algonquincollege.com/umbrellaproject/rainydaze/#/welcome>

TAO – Learn more at <https://www.taoconnect.org/>

Recommendation – promote technology based interventions widely



Facilitated access to

- ❑ Educational based activities and events
- ❑ Prevention based activities and events
- ❑ Public Health Resources
- ❑ Culturally appropriate services
- ❑ Supervised injection sites
- ❑ Withdrawal management services
- ❑ Community based substance use specialists
- ❑ SMART meetings

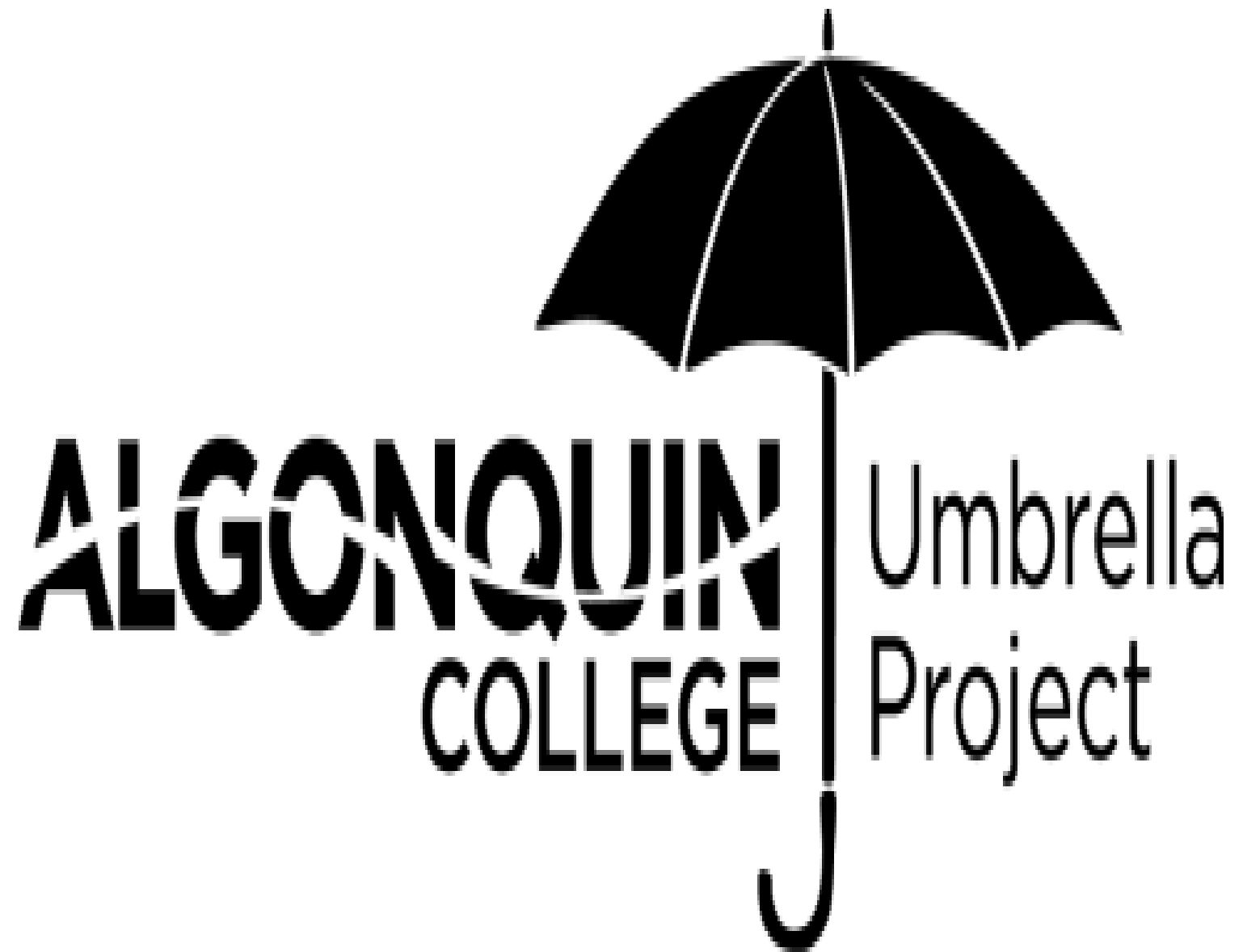




Section 6

The AC Umbrella Project

The AC Umbrella Project



Harm reduction is an umbrella term for policies and practices focused on reducing the problematic effects of alcohol and other drug use.

(CAMH, 2002, p. 1)

The AC Umbrella Project - Introduction

- ❑ Initially a two-year project funded by the Ministry of Advanced Education and Skills Development Mental Health Innovation Fund
- ❑ The goal of developing and building a sustainable harm reduction framework for post-secondary institutions
- ❑ The AC Umbrella Project addresses the mental health and addiction needs of emerging adults within a postsecondary institution.

The AC Umbrella Project – Purpose

- ☐ Decrease barriers to academic success, student retention and student graduations
- ☐ Increase skills, abilities and confidence of College faculty and staff to address and support students who are struggling with substance use issues
- ☐ Enhance students self-efficacy to self-assess and seek support
- ☐ Increase College resources to assist students in reducing harms related to substance use

The AC Umbrella Project – Goals

- ☐ A college-wide campaign focused on awareness, risk, and harm reduction strategies
- ☐ Training and consultation with the college's employees
- ☐ A mechanism for providing the college's students with access to existing community-based substance abuse treatment resources
- ☐ Digital program delivery strategies
- ☐ An effective and supportive linkage between students transitioning from community substance support programs and the college

The AC Umbrella Project – Partners



Tungasuvvingat Inuit

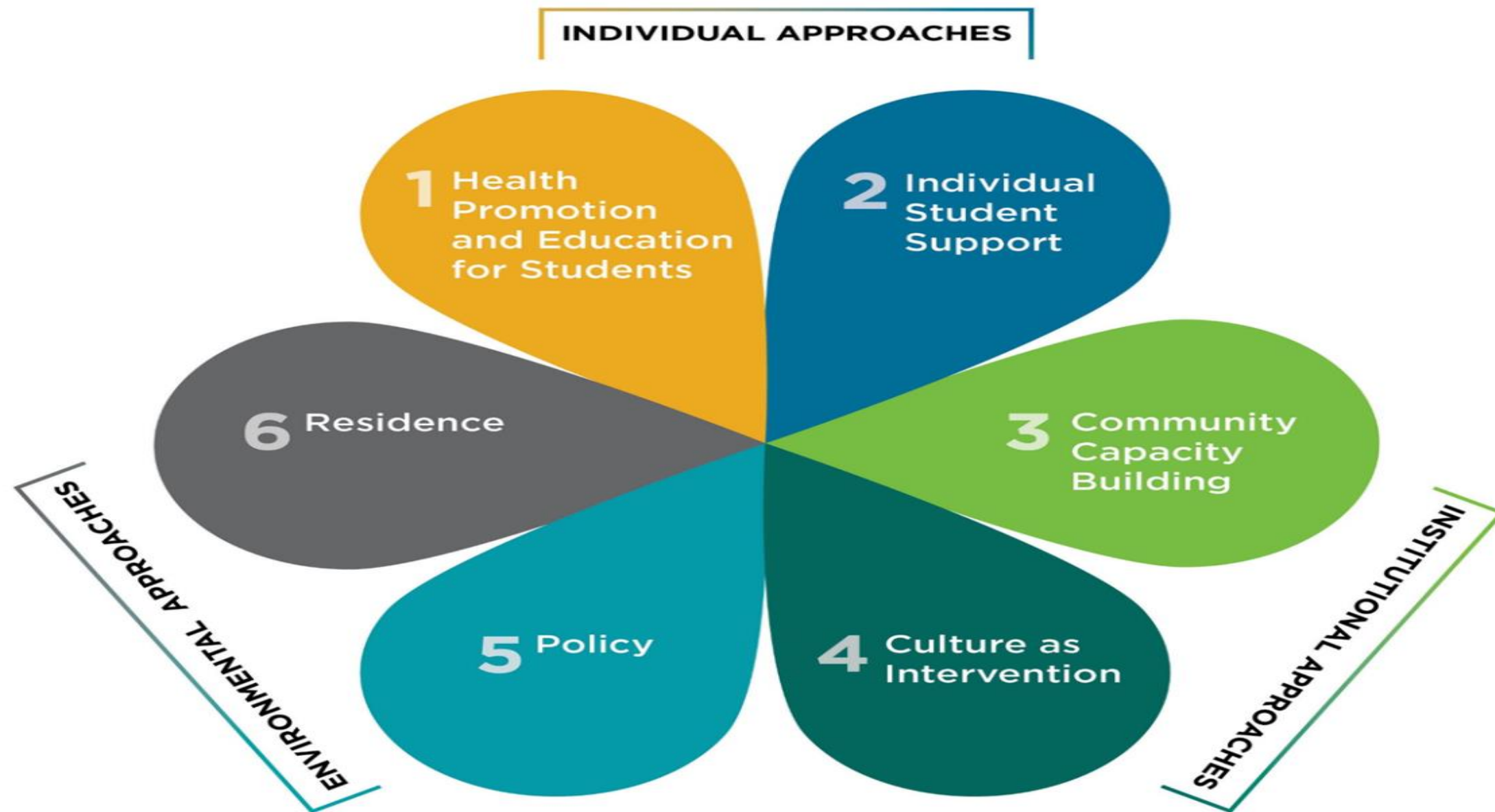


Wabano
CENTRE FOR ABORIGINAL HEALTH



Rideauwood
ADDICTION & FAMILY SERVICES

AC Umbrella Project – Priorities



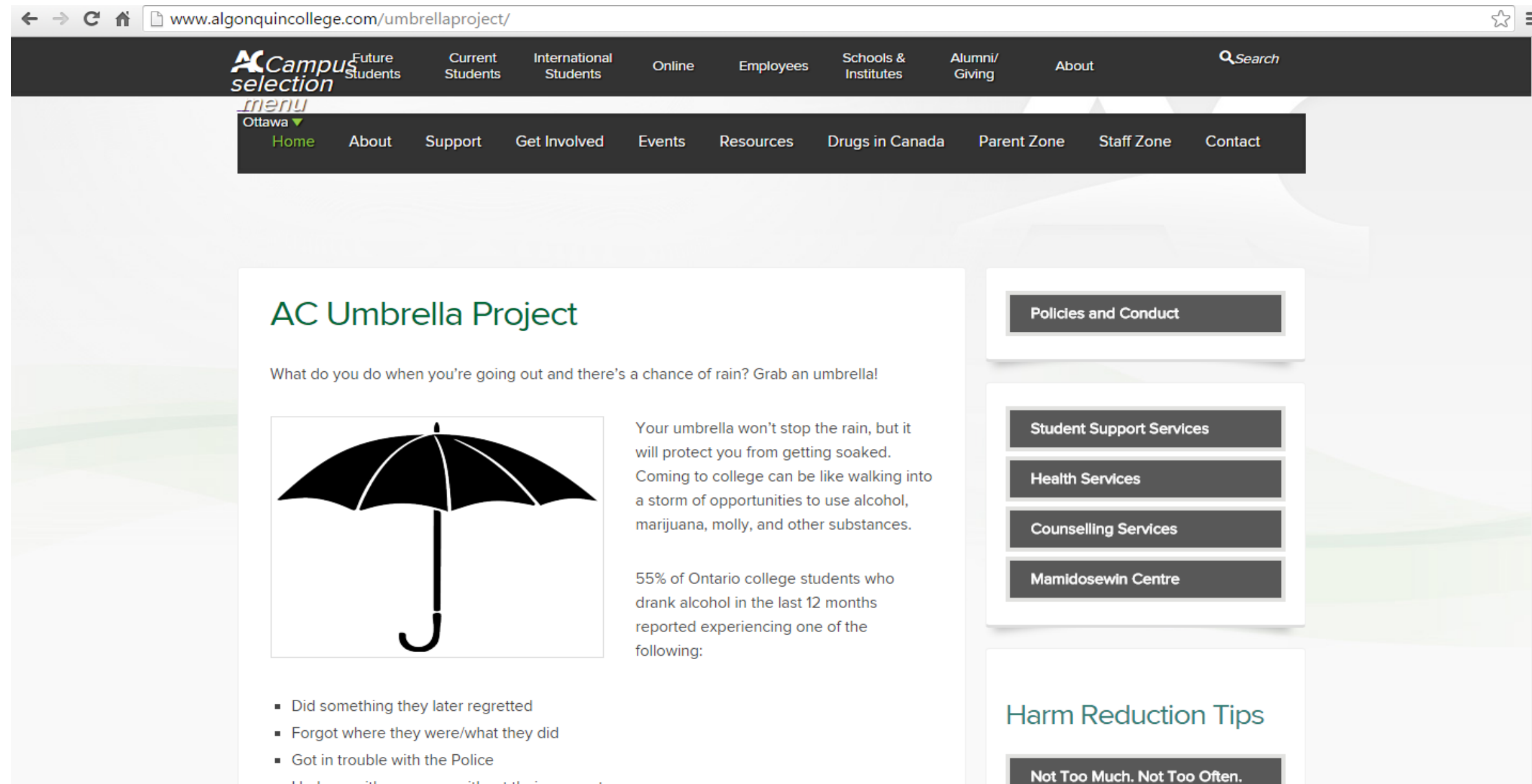
AC Umbrella Project – Staff Training



Day 1	• 293
Day 2	• 114
Total	• 407



The AC Umbrella Project



The AC Umbrella Project



Harm Reduction game designed and built by students, for students.

2 Alcohol games
2 Cannabis games
2 Party Drug games

Games are dexterously difficult and timed.

The AC Umbrella Project Online Training Modules & Toolkit



Module #1
Before We Get Started

Launch Module



Psychological
Biological
Culture

Module #2
Understanding Substance Use

Launch Module



Module #3
Harm Reduction

Launch Module



Module #4
Identifying and Supporting Struggling Students

Launch Module

The AC Umbrella Project in Summary

- ❑ Staff Training
- ❑ Student Leader Training
- ❑ Harm Reduction Consultations
- ❑ Cultural Competency Training
- ❑ Partnerships with Community Based Providers
- ❑ Events (Recovery Day, National Addictions Awareness Week etc.)
- ❑ SMART Meetings
- ❑ Overdose Prevention / Naloxone Distribution
- ❑ Inform Policy, Practices & Support Student Conduct Process for College & Residence
- ❑ Web Based Tools & Training
- ❑ Student Placements
- ❑ National College Health Assessment
- ❑ Creation and Distribution of AC Umbrella Project Toolkit



Thank You

Questions?

bridgsb@algonquincollege.com