

January 2009
BC Harm Reduction Strategies and Services Committee
Terms of Reference

Mandate

The British Columbia Harm Reduction Strategies and Services (HRSS) Committee provides the structure to facilitate coordination of Ministry of Healthy Living and Sport, Ministry of Health Services, BC Centre for Disease Control (BCCDC), Health Authorities and other key stakeholder work related to harm reduction in British Columbia (BC). The HRSS Committee does not replace the mandate of service partners and their routine work to support and/or deliver effective harm reduction programming in BC.

Harm Reduction Definition

Harm reduction involves taking action through policy and programming to reduce the harmful effects of behaviour. It involves a range of non-judgmental evidence based approaches and strategies aimed at providing and enhancing the knowledge, skills, resources and supports for individuals, their families and communities to make informed decisions to be safer and healthier.

Vision

To ensure that all British Columbians receive evidence based harm reduction strategies and services

Purpose

1. Develop and coordinate a provincial strategy for harm reduction
2. Support harm reduction services
3. Oversee provincial fiscal resources for harm reduction supplies

Objectives

- Identify current and emerging issues for consideration based on best practice and evidence. Develop and recommend policy to Ministry of Healthy Living and Sport, Ministry of Health Services and Health Authorities
- Within the approved budget, plan, distribute and monitor the provincial resources allocated for harm reduction supplies
- Develop and present the business case for harm reduction strategies and initiatives to the Ministry of Healthy Living and Sport, Ministry of Health Services and Health Authorities
- Support harm reduction practice through Health Promotion strategies
- Increase community capacity to use harm reduction strategies and services to respond to communicable disease and substance use issues
- Connect and integrate harm reduction services into existing public health, mental health, substance use, blood borne pathogen, primary care and acute care programs

- Communicate with transparency provincial harm reduction policy initiatives and activities within and across health authorities
- Identify and promote research opportunities

Reporting

- The committee reports to the BCCDC CD Policy Committee via the chair or co-chairs

Guiding Principles and Values

- BCCDC provides the leadership and secretariat functions for the committee
- A client-centred orientation and approach guides discussions and decisions
- Distribution of resources is equitable and based on evidence and need
- Decisions and actions are based on best practice and where possible evidenced based information
- Harm reduction principles are integrated with related legislation, activities and services including mental health and addictions, primary care, home and community care, acute care and public health
- Consensus is the decision making method of choice. If consensus cannot be reached, each health authority and the chair will have one vote
- Evaluation is a core component for all activities
- Flexibility, creativity and open mindedness is fostered and encouraged
- Community input into policy development is critical and encouraged. The Committee recognizes and encourages health authority mechanisms, especially collaborative ones, for input and consultations to inform policy development
- Keep it Simple

Membership includes representation from the following list

PHSA (BCCDC)

- BCCDC Harm Reduction Lead
- Pharmacy
- HIV/Sexually Transmitted Infections
- BC Hepatitis Services
- Administration

Vancouver Island Health*

Vancouver Coastal Health*

Fraser Health*

Interior Health*

Northern Health*

Health Officers Council

- CD MHO group representative

Ministry of Healthy Living and Sport

- Communicable Disease and Addiction Prevention

Health Canada

- First Nations and Inuit Health

*Regional health authorities are encouraged to find 2 representatives from both public health as well as mental health and addictions to sit as voting members for each meeting. HA's with more than two interested members are encouraged to collaborate, rotate attendance at meetings and share information.

Corresponding Membership

Ministry of Health Services

- Mental Health and Addictions

Ministry of Healthy Living and Sport

- Aboriginal Health

Additional health and social service individuals as deemed appropriate by the chair

Secretariat

- Secretariat functions for the committee will be organized by the BCCDC harm reduction lead

Subcommittees and Working Groups

- Subcommittees and/or working groups that may include external stakeholders will be initiated as required

Role of Members

- Attend and participate in conference call and meetings. At least one representative from each organization to be present
- Communicate minutes and information on activities and progress to others in the organization being represented as well as other appropriate individuals within a members local region
- Consult with communities and get input to inform policy and other discussions as appropriate
- Participate in subcommittees and/or working groups as required

Term of Membership

- Minimum two years
 - If a member cannot make a meeting and a health authority is not represented, they are encouraged to send a designate
 - Members are expected to find replacements for their position on the committee upon completion of the two year term

Chair/Co-Chair

- Two year term. Review annually and rotate if committee deems appropriate

Meetings

- Minimum of four meetings per year of which two are in person
- Conference calls, subcommittees and working groups at the discretion of the chair.
- Travel costs for two members from Health Authorities outside of the Lower Mainland will be provided out of the HRSS budget

Terms of Reference to be reviewed annually