BC Harm Reduction Strategies and Services Policy and Guidelines

Updated: December 2014

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1.0 – Harm Reduction Definition

Harm reduction refers to policies, programs and practices that seek to reduce the adverse health, social and economic harms associated with the use of psychoactive substances, and sexual activity. Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with risky behaviours, while recognizing that the behaviour may continue despite the risks.

2.0 – Scope

These guidelines support provincial harm reduction strategies and services pertaining to substance use and sexual health.

3.0 – Policy Statement

Harm reduction is an integral component of the health promotion and illness prevention, treatment and care continuum. Through client-centred approaches, effective harm reduction policy and programming can achieve positive population health outcomes and reduce stigma and discrimination against those whose use of substances and/or sexual activity make them vulnerable to illness or other health harms. The populations who are served by harm reduction are diverse and often marginalized, so approaches based on recognizing vulnerability and promoting health equity are essential. The criminalization of people who use illegal drugs often compounds stigma and associated health harms. Individuals and systems involved in providing harm reduction strategies and services such as needle distribution and recovery must respect human rights and dignity by adhering to basic ethical principles such as fairness, beneficence, non-maleficence and respect for autonomy. The meaningful participation and active engagement of people who use psychoactive substances, and those who may experience sexual health harms, in the design and delivery of policy, programs and services is central to effective development and provision of harm reduction interventions.

Each Health Authority and its community partners must work together to provide a full range of harm reduction services that promote safer sex and safer psychoactive substance use, including legal drugs such as alcohol. Special emphasis should be placed on enhancing social inclusion and reducing stigma and discrimination that inhibits access to harm reduction supplies and services. Harm reduction services in a community should go beyond the distribution and recovery of harm reduction supplies and include other evidence-based harm reduction programs such as opioid substitution treatment,[1] overdose prevention and response training, and supervised consumption services when appropriate. Core components of harm reduction services include, but are not limited to: referrals to health and social services, advocacy, education, and supplies distribution. Service providers are expected to be aware of their own assumptions and prejudices about people who use drugs, and to build relationships with

[1] https://www.cpsbc.ca/files/u6/Methadone-Maintenance-Handbook-PUBLIC.pdf

harm reduction service clients, and have skills and knowledge in the domains as cultural competency and trauma-informed services.

Best practices for harm reduction include strategies and services to reduce a broad range of harms related to some substance use and sexual behaviours, including illness, injury and death. From a health services equity perspective, harm reduction services must be accessible (e.g. geographically), accommodating (e.g. hours of operations), affordable (e.g. transport costs), and acceptable (e.g. non-stigmatizing).

Best evidence supports implementation of harm reduction services (HRSs) to decrease sexually transmitted and blood borne infections among those who use substances and their partners, families and communities.

HRSs also increase engagement of vulnerable and marginalized populations into the health and social service system to reduce transmission of other communicable diseases, such as sexually transmitted infections, Tuberculosis and Pneumococcal infections, to reduce overdose and risk of fatality, and to support treatment of concurrent mental health illness and/or substance use problems.

4.0 – Goals of BC Harm Reduction Strategies and Services (HRSS) Policy

Actions to achieve these goals must involve intended service recipients at all stages of policy, program and service development and delivery.

1. Reduce incidence of substance-related health and social harms, including transmission of blood-borne pathogens through substance use or sexual activity
2. Promote and facilitate referral to public health services, primary health care and mental health and substance use services
3. Increase activities to reduce stigma and discrimination against people who use drugs, and raise public awareness and understanding of harm reduction principles, policies and programs among professionals in the health, social and criminal justice systems, officials in all levels of government, and the general public.
4. Ensure full and equitable reach of HRSs to all vulnerable British Columbians who use substances or are sexually active, to provide education about health promotion and illness prevention to inform decision-making.
5. Increase activities to raise awareness about the risk of drug overdoses and associated fatalities.

5.0 – Monitoring and Reporting Framework

The following framework provides an overview of the outcomes being monitored and reported by Health Authorities to track progress associated with the five HRSS policy goals. Reports will be generated by the Harm Reduction Strategies and Services committee annually.

<table>
<tr><th colspan="2">Goal 1: Reduce incidence of drug-related health and social harms, including transmission of blood-borne pathogens</th></tr>
<tr><th>Indicators</th><th>Data Sources</th></tr>
<tr><td>▪ Number and type of sites distributing safer sex and safer substance use supplies
▪ Number and rate of new cases of HIV and acute HCV attributable to injection drug use
▪ Healthcare practitioners prescribing opioids for substitution treatment</td><td>▪ Ministry of Health (Vital Stats; MSP; Discharge Abstract Database)
▪ Health Authorities
▪ BC Centre for Disease Control & BC Public Health and Microbiology Reference Laboratory
▪ Centre for Addictions Research BC
▪ Centre for Applied Research in Mental Health and Addictions
▪ BC Centre for Excellence HIV/AIDS</td></tr>
<tr><th colspan="2">Goal 2: Promote and facilitate referral to primary health care, addiction and/or mental health services, and social services</th></tr>
<tr><th>Indicators</th><th>Data Sources</th></tr>
<tr><td>▪ Number of referrals to and from other health and social services (e.g., withdrawal management, outpatient or residential addiction treatment, opioid substitution treatment, other mental health/substance use services, housing, etc.)</td><td>▪ Health Authorities</td></tr>
<tr><th colspan="2">Goal 3: Reduce barriers to health and social services, including activities to reduce stigma and discrimination and raise public awareness of harm reduction principles, policies and programs among those in the health system, municipalities and the general public.</th></tr>
<tr><th>Indicators</th><th>Data Sources</th></tr>
<tr><td>▪ Activities by Health Authorities and partners that reduce barriers to accessing primary health care and mental health and addiction services for those who use drugs and engage in risky sexual activity.
▪ Activities by Health Authorities and community that increase awareness of harm reduction philosophy as it pertains to psychoactive substance use in the health system, municipalities and the general public
▪ Increased training for cultural competency, trauma-informed practice, core addiction practice</td><td>▪ Health Authority addiction knowledge exchange team
▪ Health Authorities
▪ BC Centre for Disease Control
▪ Ministry of Health Services</td></tr>
</table>

Goal 4: Improve access to harm reduction services for all British Columbians to empower those to reduce harms associated with problematic substance use	
Indicators	**Data Sources**
▪ Supply distribution numbers by Health Service Delivery Area ▪ Safe disposal activities	▪ BCCDC ▪ Health Authorities ▪ Municipalities ▪ Private sector
Goal 5: Increase activities to raise awareness about the risk of drug overdoses and associated fatalities	
Indicators	**Data Sources**
▪ Number of people trained to administer take-home naloxone ▪ Number of Take-Home Naloxone kits distributed in each Health Service Delivery Area ▪ Number of overdose reversals from the use of Take-Home Naloxone kits ▪ Illicit drug overdose deaths ▪ Number of opioid-related deaths and Potential Years of Life Lost from opioid-associated mortality ▪ Number of emergency room admissions associated with opioid overdoses	▪ Health Authorities ▪ BCCDC ▪ BC Coroners Service ▪ National Ambulatory Care Reporting System (NACRS) database

6.0 – Objectives

Objective 1: Health Authorities will establish and maintain partnerships with community agencies, people accessing supplies and services, and other stakeholders in the delivery of HRSS.

Objective 2: Health Authorities, contracted agencies and community partners will maximize reach of HRSS.

Objective 3: Health Authorities, contracted agencies and community partners will take appropriate steps to protect the public from inappropriately discarded injection equipment and drug paraphernalia.

Objective 4: Health Authorities, contracted agencies and community partners will strive to eliminate syringe sharing and promote the use of a sterile syringe for each injection, as well as the use of other safer injection-related supplies (i.e., sterile water, alcohol swabs, tourniquets, cookers).

Objective 5: Health Authorities, contracted agencies and community partners will provide individuals with harm reduction information (including information on combining psychoactive substances, including consumption of alcohol), access to supplies and referrals to health care, mental health and substance use services, and other relevant community services.

Objective 6: Health Authorities, contracted agencies and community partners will consider a full range of harm reduction service delivery options, including supervised consumption services, overdose prevention and response training, and distribution of harm reduction supplies.

Objective 7: Dissemination of HRSS policy and best practices across and within health authorities and allied community partners.

Objective 8: Health Authorities, contracted agencies and community partners will ensure adequate and relevant training for service providers, through harm reduction best practice, cultural competency training, trauma-informed practice and core addiction practice

Note: ***Harm reduction programs can range from those which meet just a few objectives to more robust ones that meet several. Areas with environments of relatively concentrated drug use should have programs which, together with activities of community partners, meet all seven objectives.***

7.0 – Distribution Procedures for Syringes and Other Supplies

Access to HRSs should extend to whoever needs them regardless of the person's age, substance-using status, substance of choice, sexual practices, or residence (for example, a health or correctional facility). (see Mature Minor Policy, appendix 4)

All programs should strive to achieve maximum reach of harm reduction-related supplies according to best practices. See: http://www.catie.ca/sites/default/files/BestPracticeRecommendations_HarmReductionProgramsCanada_Part1_August_15_2013.pdf).

All programs should strive to distribute as many supplies as the individual client requires to meet that client's particular needs. For instance, the individual should receive enough syringes to be able to use a new one for each injection.

It is possible that the person seeking HRSS is not seeking supplies for him or herself. In these situations it is acceptable to provide supplies for the purpose of secondary distribution.

All HRSs should endeavour to partner with key stakeholders in retrieving as many used supplies as possible, particularly used syringes, and to educate the community about how to dispose of used syringes safely. The program should strive for 100% appropriate disposal. There should be a strong emphasis placed on encouraging people to return their syringes to public health units/harm reduction agencies, arrange to have them picked up (if this service is available locally), or to otherwise dispose of them properly.

For a complete review of evidence-based harm reduction supply distribution and recovery programming please refer to the *Best Practice Recommendations for Canadian Harm Reduction Programs* document. http://www.catie.ca/sites/default/files/BestPracticeRecommendations_HarmReductionProgramsCanada_Part1_August_15_2013.pdf).

8.0 – Recovery and Safe Disposal of Syringes

HRSS agencies and community partners will formulate community plans for harm reduction supply disposal. A plan may address, for example, community education, the provision of sharps containers in supervised settings, the pick-up of discarded supplies from streets, schoolyards, parks and alleys, and the provision of small sharps containers to clients.

Each agency that receives supplies from HRSS will implement a plan for the safe handling, transport, and disposal of supplies, as well as a plan for staff, clients and volunteers to prevent occupational exposure and respond to a blood and/or body fluid exposure (e.g. needle stick injury).

Monitoring by Health Authority and HRSS agencies will include an account of syringes provided, returned and reports of inappropriately discarded syringes.

The Health Authority and the HRSS agencies within its boundaries will be responsible for making information available to the community about the plan for the safe disposal of syringes and the numbers distributed and returned.

9.0 – Overdose Prevention, Recognition and Response

HRSs should offer client education about preventing, recognizing and responding to overdose associated with the use of different (or combinations of) psychoactive substances. Information about depressant and stimulant overdoses can be found in the OD Survival Guide (http://towardtheheart.com/naloxone/siteresources/overdose-survival-guide), which is available in English, French, Punjabi and simplified Chinese.

The majority of illicit drug overdose deaths in British Columbia are associated with opioids (e.g., heroin, morphine, codeine, oxycodone, hydromorphone). Harm reduction services should identify clients at risk of an opioid overdose and have a plan in place to ensure those at risk can access appropriate services. This includes offering overdose prevention and response training, and/or Take Home Naloxone (THN) kits on site, or providing referrals to nearby sites that are implementing the THN program. Sites where THN training and kits are available can be identified through the online site-finder at http://towardtheheart.com/site-locator

Where possible, sites distributing harm reduction supplies should work with nearby agencies to participate in the Take Home Naloxone (THN) program by:

- Reviewing materials posted on http://towardtheheart.com/Naloxone
- Identifying an educator, prescriber, dispenser and site coordinator as described in the THN Program Guide (http://towardtheheart.com/assets/uploads/files/Program_Guide_2012.08.29.pdf)

- Registering to become a participating site: http://towardtheheart.com/assets/uploads/files/BCTHN_New_Site_Registration_Form.pdf

10.0 – Facilitating Access to Other Services

As an integral part of its harm reduction supply distribution practice each HRS that does not provide communicable disease testing, vaccination, take home naloxone training and kits, counselling and screening services for mental illness and/or substance dependence will develop user-friendly client referral pathways that optimally engage clients.

Examples of service referrals are; housing, income support, food services, substance use services (e.g., withdrawal management or residential treatment), gender-specific services, parenting assistance, youth services, public health, primary care, mental health services, legal services/victim services, disease testing/management/treatment, and other related services.

11.0 – Education

As an integral part of its needle distribution practice each HRS will include, but is not limited to, educational programming for clients[2] regarding:

- Safer injection practices including discussion about vein maintenance and the limited effectiveness of bleach;
- Safe needle disposal;
- Safer substance smoking practices (e.g., crack cocaine, methamphetamine, heroin)
- Overdose prevention and response
- Safer sex practices;
- Harm reduction information;
- Principles of general health and well-being; and
- Information on poly-substance use and associated risks.

[2] Specific populations, special efforts should be made to engage women, Aboriginal, and gay, lesbian, bisexual, transgendered, queer, or two-spirited (GLBTQ2S) people about unique vulnerabilities. The evidence suggests that women are more likely to be expected to inject or be injected with used/unsterile equipment and there is significant overlap between women's drug and sexual networks.

12.0 – Select References

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13.0 – Suggested Readings

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Appendix 1: Receiving, Satellite & One-Off Distribution Site Policy

Purpose
The purpose of this document is to define distribution sites that receive publicly funded safer sex and drug use supplies, to provide guidance on establishing these sites, and to explain the process to be completed in order for a receiving sites, satellite sites, or one-off event to receive supplies.

Receiving Site/ Satellite Site Definitions

- **Receiving site** - a site such as a Health Unit that orders supplies directly from BCCDC and receives those supplies directly from the central distributor. This site may also order supplies on behalf of an authorized satellite site(s).
- **Satellite site –** a site that picks up or is sent their supplies from a receiving sites (as defined above)

Decision to designate a receiving site is made by:
Health Authority (HA) HRSS Representative in collaboration with BCCDC Harm Reduction lead(s).

Decision to designate a satellite site is made by:
Receiving site manager in consultation with the HA HRSS Representative
Note: it is important that HRSS representatives and BCCDC know where supplies are going in order to send out important/time sensitive information/alerts and for tracking supply distribution.

Receiving / Satellite site designation distinctions

	Receiving site	**Satellite site**
Independency: decisional factor	Can operate independently because: proved accountability trained staff ensuring ongoing compliance with policies/best practices of the Regional HA and of the HRSS Committee	Cannot operate independently because the site needs: Regular contact/follow up with receiving site to verify accountability and training of staff
Quantity of Supply	Large supply quantity for each requisition*: shipping cost is justified	Small supply quantity for each requisition: shipping cost is not justified
Remote-ness	Remote access: Regular pick-up trip to a larger receiving site is not economically (time/distance) justifiable/feasible	Proximity to a receiving site Regular pick-up trip to receiving site is feasible Other types supplies sent/picked up from receiving site Increase in shipping cost is not justified

*Please see the notes on minimum order size on the Supplies Requisition Form located on the web at http://www.bccdc.ca/prevention/HarmReduction/default.htm

Duties of receiving site (with regards to satellite site)

- Performs due diligence before authorizing satellite site, and initiates processes to ensure ongoing compliance with policies/best practices of the HRSS Committee and of the Regional HA where they operate
- Forwards/updates secondary site contact information to BCCDC – ashraf.amlani@bccdc.ca
- Keeps close contact, aligns strategies, and trains satellite site staff
- Communicates/trains satellite site regarding change in Harm Reduction policies and new products
- Regularly reviews annual usage with satellite site
- Receive requisitions from satellite site in a timely manner to enable inclusion of quantity in 3 monthly receiving site requisitions
- Mail satellite distribution requisition and one-off event requisitions (where supplies were provided by the receiving site) to BCCDC on a quarterly basis i.e. first week of January, April, July and October.
- Mail to Ashraf Amlani, BCCDC CDPACS, 655 West 12th Avenue, Vancouver, V5Z 4R4

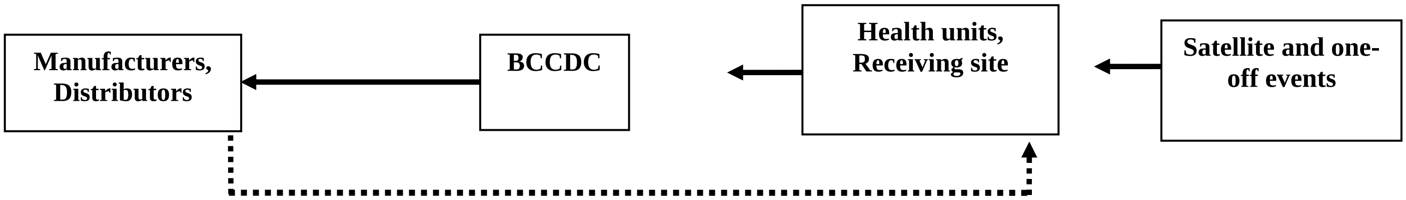
Duties of satellite site

- Complies with HRSS policies and aligns strategy with receiving site and Regional HA
- Informs receiving site about supply needs in a timely manner
- Completes the **SATELLITE SITE SUPPLY REQUISITION FORM (available here: http://www.bccdc.ca/prevention/HarmReduction/default.htm) and gives to receiving site**
- Stores supplies appropriately, manages inventory
- Ongoing supply quality assurance processes in place (i.e., checks condition and expiration dates of supplies)

Required Information Needed by Receiving Site to Establish a Satellite Site

CLIENT Name	
HSDA	
Street-Address	
Street-City	
Street-Postal Code	
Mailing-Address	
Mailing-City	
Mailing-Postal Code	
Operating Hours	
Contact Person	
Contact2	
Phone	
Phone2	
Fax	
Email	
Email2	

Harm Reduction Supplies: Distribution Process Algorithm



Manufacturers, Distributors	BCCDC	Receiving site (e.g., Health unit)
9) Receives Purchase Orders (POs) by fax **10)** Processes POs Thursday AM/PM **11)** Ships products to health units/primary site or authorized sites Monday AM	**4)** Receives requisition by fax **5)** Processes requisition once a week, on Thursday AM* **6)** Send Purchase Orders to central distributor **7)** Receives and pays invoices **8)** Controls price and quantity	**1)** Evaluates quantity needed for **next 3 months*** (including needs of satellite sites and one-off event it provides for) **2)** Completes harm reduction supply requisition form (including satellite sites and one-off event needs) contacts BCCDC for advice as necessary **3)** Faxes Supply requisition form to BCCDC. CUT OFF TIME is Thursday 10:00 AM PST* Mail satellite distribution/one-off event requisition forms to BCCDC on a quarterly basis (Jan/Apr/Jul/Oct) for information only. **12)** Receives shipments from central distributor Monday/Tuesday **13)** Controls quantity against requisition (contacts BCCDC in case of discrepancy) **14)** Stores supplies according to the expiration dates (Next Expired First Out)

	19) Investigates any concerns re supply quality. Informs sites and distributors re concerns and initiates recalls etc.	**15)** Distributes to satellite sites and other customers when needed **16)** Keeps a log of quantities used by satellite sites and one-off events **17)** Checks regularly stock and expiration dates **18)** Informs BCCDC of any concerns re supply quality

*Cut-off time for supplies may be as early as Tuesday 4:00 p.m. on statutory holiday weeks. Allow two weeks for orders to arrive.

One-Off Event(s) – Ordering Safer Sex Products

The British Columbia Centre for Disease Control (BCCDC), with oversight of the Harm Reduction Strategies and Services (HRSS) committee provides condoms and lubricant without charge to an authorized community or public health organization in BC. New sites may request regular or temporary approval for condom and lubricant distribution.

Sites seeking temporary approval e.g. festivals and other events, must request approval through the Health Authority (HA) Receiving Site Manager or HA HRSS Representative. In some cases, sponsorship decisions are made in collaboration with the BCCDC Harm Reduction Lead. The temporary site will receive supplies through existing receiving and satellite sites where possible; the HA contact will facilitate connections between existing and temporary sites.

Sponsorship

Events where < 100 boxes of male condoms OR < 50 bags of female condoms in total are requested; decisions to sponsor and provide supplies are made by:

- Receiving distribution site manager and/or HA HRSS Representative

Events where > 100 boxes of male condoms OR > 50 bags of female condoms in total are requested; decisions to sponsor and provide supplies are made by:

- HA HRSS Representative and BCCDC Harm Reduction Lead

Duties of one-off event organizers

- Comply with HRSS policies and aligns strategy with receiving site
- Informs provider site of supply needs *at least 8 weeks before the even*t
- Store supplies appropriately, manages inventory
- Have supply quality assurance process in place (i.e., to check condition and expiration date of supplies)
- Accurately forecasts usage and need
- Return surplus quantity to same provider site, report exact # supplies distributed

Duties of sponsoring site

- Performs due diligence before sponsoring. Assess:
  - Ability of event staff to comply with HRSS policies and best practices
  - Forecasted usage/need
- Forwards contact information of one-off event to BCCDC with the replenishment requisition, checks “one-off event”
- Assess true need for supplies and if necessary controls usage during event (if quantity being distributed is significant above forecasted amount)
- Ensures that surplus supplies from event are returned to provider site
- Documents usage, successes and challenges for future events and reports learning’s to HA Harm Reduction contact

Order form for one-off events

The “One-off event Request Form” (see over) must be completed and faxed to the HA contact for approval. Once site/event approved supplies will shipped either directly to the requesting agency or picked up from the receiving site with no delivery charge as agreed.

To ensure timely delivery, this request must be completed 8 weeks prior to the event.

One-off Event Harm Reduction Supply Request Form

(To be completed by non-governmental agency requesting one-off supplies from a health authority)

Sponsoring Health-Unit/Receiving site name: ____

Contact person: ___________________________________ **Email:** ____________________________

Tel# : _______________________ **Fax# :** _______________________

Note: Where your site is not the event organizer, please include a letter authorizing your agency to distribute condoms and lubricant at the event described below. This letter must be received prior to shipping of supplies.

Event Details

- Name and type of event: ____

Contact person: ____ **Email:**__________________________

Position: ____ **Phone:**___________________________

Address: ____ **Fax**:_____________________________

- Sponsoring agency and partners: ____
- Location of the event: ____
- Date of Event: ____/___/______ Length of event: ______ day(s)
- Will the event include overnight camping ? (Y/N)______________
- Expected number of event attendees:___________________
- Please describe event attendees (age groups, etc.): ___________________________
- Non-profit event □ For profit event □

How do you plan to distribute education messages on proper condom and lubricant use and disposal?

____

How do you plan to distribute condoms and lubricant?

____

In most cases, supplies will be limited to a maximum order of 5,000 (5 boxes @ 1000/box) insertive (male) condoms; 1,000 (10 bags @ 100/bag) receptive (female) condoms and 5,000 (5 boxes@1,152/box) packages of lubricant. Condoms are to be distributed free of cost, only for individual distribution and only for this event.

- Number of condoms requested: ______ male ______female
- Packages of lubricant requested: _______ individual packages

How will you ensure condom and lubricant materials are removed from the area around the event site:

____

To avoid wastage, you must inform the Health Authority contact of any undistributed supplies and return them to your primary contact. A report of how many supplies were distributed and returned to the receiving site will be required.

Name of HA Approver: ____

Signature of HA Approver: ____

Please fax or email this form to your health authority harm reduction contact.

Appendix 2: HR Supply Distribution to Post-secondary Institutions

Issue: Policy on providing condoms to BC post-secondary institutions

Reason: To ensure the distribution of provincial harm reduction safer sex supplies on post-secondary campuses is targeted toward enhancing access for vulnerable populations of gay, lesbian, bisexual, transgendered, queer, or two-spirited (GLBTQ2S) students.

Decision: Provide BCCDC-distributed condoms only to specialized GLBTQ2S services in BC post-secondary institutions, or any specialized services or groups as approved by the committee or at the discretion of the regional health authority's harm reduction coordinator.

Background

The BC Centre for Disease Control's Harm Reduction Program (BCCDC) is guided by the BC Harm Reduction Strategies and Services Committee, which collaboratively develops provincial policies and guidelines for supply distribution based on best practices for reducing blood-borne pathogen transmission and reducing drug-related harms.

Condoms and water-based lubricant are among the supplies the BCCDC distributes to provincial health system partners serving vulnerable populations.

Some BC post-secondary institutions have inquired whether they can access condoms available through the BCCDC for distribution to the general student population via existing campus health services.

Discussion

The BCCDC harm reduction program's mandate is to provide harm reduction supplies to people who are potentially vulnerable to HIV, hepatitis C or other communicable disease transmission through risky activities such as unsafe sex or injection drug use. The general post-secondary student population is not a group that has been identified as particularly high risk for blood-borne pathogens, although certain sub-populations of students may be. For example, men who have sex with men are an identifiable demographic among the student population who do have elevated risk for contracting HIV through sexual activity.

Since the general student population is not at particularly increased risk for HIV, the provision of condoms by the BCCDC to post-secondary institutions' general student health services is not within the program's mandate. However, many post-secondary institutions have specialized gay, lesbian, bisexual, transgendered, queer, or two-spirited (GLBTQ2S) spaces or services, which provide supports and resources for people who are at higher risk for sexually transmitted infections and may have additional barriers in being reached by general health services, in particular men who have sex with men (e.g. Pride UBC, SFU's Out On Campus LGBTQ Centre, UVic's Positive Space Network).

The BC Harm Reduction Strategies and Services (HRSS) Committee has established the following policy for distributing condoms to post-secondary institutions through the BCCDC's provincial harm reduction supply resource list:

Specialized services on post-secondary campuses targeting the gay, lesbian, bisexual, transgendered, queer, or two-spirited (GLBTQ2S) student population – but not general student health services – may access male condoms, female/insertive condoms, and lubricant through the BCCDC. Other on-campus health services may arrange access to BCCDC harm reduction supplies at the discretion of the regional health authority's harm reduction coordinator.

Regional health authority HRSS Committee members will work with any post-secondary GLBTQ2S services that want to access safer sex supplies to establish ordering protocols with the BCCDC. Regional health authority HRSS committee members are expected to notify all post-secondary institutions (both general campus health services and any established GLBTQ2S student services) in their region of the new condom ordering policy. Harm reduction supplies other than condoms and lubricant (e.g., safer injecting or smoking equipment) are not affected by this policy, for any post-secondary student health services that may want to order them. At the same time, the general student population should be encouraged to access condoms through other means, including general student health services or purchasing them at retail outlets, and use them as warranted.

Appendix 3: Notice of Volume Increase Policy

Issue: Policy to enable the management of significant, planned changes in supply volume requirements

Reason: As the budgeting for the BCCDC's harm reduction program is undertaken on an annual basis there is limited capacity through the year to adapt to significant changes in the volume of harm reduction supplies required as a result of planned program changes.

Decision: Adoption of the Notice of Volume Increase Policy as documented by the HRSS Committee

Background

The BCCDC's harm reduction program has had an average year-over-year growth of 10-14%. Changes initiated by the regional harm reduction supply distribution sites have the capacity to increase this growth without the knowledge of the BCCDC. There is no policy currently in place that ensures that any know programmatic changes planned by the sites are understood and accounted for in the annual budgeting by the BCCDC

Discussion

Harm reduction supply distribution is guided by the BC Harm Reduction Strategies and Services (HRSS) Committee which collaboratively develop provincial guidelines, makes recommendations on issues such as best practices and decisions on supply distribution. The HRSS committee also facilitates community capacity building by supporting harm reduction education across the province. The BCCDC disseminates the provincial guidelines and manages the provincial distribution of harm reduction supplies. This includes the purchase of appropriate supplies, distribution across the province and managing the provincial harm reduction supply budget.

The collaborative efforts of the HRSS Committee and local public health initiatives have led to a sizable increase in the reach and availability of harm reduction supplies throughout BC. This increase in availability of harm reduction supplies has contributed to the decline of HIV and HCV across the province. Currently the demand for harm reduction supplies is increasing by approximately 10% overall each year and includes substantial efforts from health authorities which have lower per capita distribution e.g. Fraser Health has successfully doubled its supply from 2008 to 2013.

The demand for harm reduction supplies will likely continue to increase going forward as a result of the provincial focus on harm reduction as a tool that contributes to multiple strategies (*From Hope to Health: Towards an AIDS-free Generation*; *Healthy Minds, Healthy People: A 10-Year Plan to Address Mental Health and Substance Use*; *Promote, Protect, Prevent: Our Health Begins Here*)

The HRSS committee is committed to ensure equitable distribution of supplies. The BC harm reduction policy and guidelines state that harm reduction supplies and services should be available to all who need them regardless of age, residence and choice of drug.

However, currently considerable disparities remain in the availability of harm reduction supplies between and within health authorities. As health authorities continue to address these inequities through programmatic changes, the HRSS Committee needs to ensure that changes in one region do not adversely affect the distribution of supplies to other regions. Since funding for supplies for all health authorities comes from a single source and distribution is based on demand, the policy described below will encourage timely communication between various players and enable BCCDC to address predicted budget increases in order to ensure the equitable distribution of supplies in a sustainable manner.

A policy that provides the BCCDC with advanced notice of significant planned changes at the distribution sites or within a health authority is needed. This policy will enable BCCDC to accurately develop and maintain the program's budget.

The approved policy is as follows:

BCCDC's Harm Reduction Program: Notice of Volume Increase Policy
For programmatic changes that are expected to increase the overall volume of supplies ordered by more than 12% of the previous year's order (Vancouver) OR more than 30% of the previous year's order (all other Health Service Delivery Areas):

- Harm reduction sites must notify their HA representative of these changes at least 9 months prior to the implementation of such programs
- Health Authority representatives must notify the BCCDC within 1 month of receiving notification from the harm reduction site.

In case of lack of notification
Failure of harm reduction sites to communicate as described above allows the health authority the right to, but is not obliged to, refuse the provision of supply in excess of budgeted amounts (i.e. 110% of supplies ordered in the previous year).

Failure of health authorities to communicate as described above allows the BCCDC the right to, but is not obliged to, refuse the provision of supply in excess of budgeted amounts (i.e. 110% of supplies ordered in the previous year). The BCCDC will provide additional supplies only if additional funding can be provided by the health authority or another source.

In the event of refusal, the BCCDC is responsible for communicating their decision to the health authorities only. It is the responsibility of the health authority to communicate this refusal to the harm reduction site, or to allocate funds from the health authority budget to BCCDC to continue providing additional supplies (i.e. in excess of 110% of the previous year's amount). The health authority is responsible for authorizing sites in their regions to receive supplies through the BCCDC, and is responsible for overseeing the purchase of supplies by those authorized sites.

The above policy does not apply to overall volume increases due to the addition of any new items added to the provincial distribution program.

Appendix 4: Guidelines for Providing HR Services to Mature Minors in BC

Purpose

This document has been developed as a guide for harm reduction service providers (e.g. nurses, outreach workers, social work, peers, etc.) when engaging with mature minors who are seeking harm reduction supplies. This document is a guideline, not a policy document, and acknowledges that every case is unique and should be considered individually on its own merits. The guideline does *not* suggest reporting to authorities (e.g., police or Ministry of Children and Family Development) all mature minors who request harm reduction supplies. The Harm Reduction Strategies and Services Committee is concerned for minors who are being abused, do not have autonomy to make their own decisions due to power issues, are being manipulated by an older person, and/or appear unable to make an informed decision. Note: there is a duty to report whether the minor is attending for harm reduction supplies, contraceptive advice or STI testing.

These guidelines have been developed through consultation with the Barrister and Solicitor, Ministry of Attorney General, Policy and background from InSite, and BCCDC Immunization Informed Consent Guidelines. This document has been adapted from VCH Guidelines for Providing Service to Youth (under 19) Requesting Access to Safer Crack Smoking Supplies.

Background

Harm reduction involves taking action through policy and programming to reduce the harmful effects of behaviour. It includes a range of non-judgmental strategies which enhances knowledge, skills, resources and supports for individuals, their families and communities to be safer and healthier.

Mature minors, particularly those who are homeless and street-involved, are a highly vulnerable population that requires special consideration in the planning and delivery of harm reduction services.

Population of concern

Youth who have intersecting risks, such as those who are homeless or largely absent from home; street-involved youth who are disconnected from school and adult caregivers, and/or whose substance use patterns differ greatly from that of mainstream youth in terms of the duration and severity of use.

These youth are at a high risk of a substance use trajectory with increasing risks and harms, such as blood-borne pathogen transmission, sexually transmitted infections, sexual exploitation, victimization, physical abuse and assault, drug overdose and death (Poulin, 2006).

"The problems of out-of the mainstream youth are often far more extensive than substance use and the risks and harms associated with use. The situations of these young persons can be complicated by problems of mental and general health, poverty, lack of housing, employment or education; and legal problems. From the perspectives of health, community services and justice systems, a key focus of interventions aimed at re-integrating out-of-the-mainstream youth is to provide opportunities for them to make a connection with a supportive individual or agency. The extent to which a young person is motivated to change his/her lifestyle has been recognized as being a key determinant of re-integration" (Poulin, 2006).

Rationale

Youth requesting access to harm reduction supplies require special consideration because of their vulnerability, their risk of exploitation and concerns about their ability to give informed consent. Service providers may have the opportunity to engage and dissuade youth from further involvement and possible entrenchment in problematic substance use, and should explore opportunities to reach them through low-threshold service models. Youth who have been using drugs for a shorter period of time may be more amenable to drug prevention interventions, if they have not had access to these services before.

Youth's relative inexperience with substance use puts them at a higher risk for drug overdose and substance use related exploitation. Contact with harm reduction professionals can increase education and problem-solving ability to prevent or reduce the risk of overdose and exploitation.

Recommendations

Providing Harm Reduction services to youth requires a more profound level of assessment and engagement than adults. At the same time, those youth who are the most disengaged and disenfranchised may be reluctant or resistant to early attempts at assessment and engagement, and the service provider needs to assess when this is happening and err on the side of preserving the potential for relationship and ongoing engagement and service.

Please see the following guidelines if you are approached by a person who appears to be a youth under 19:

1) Prior to accessing harm reduction supplies, every effort must be made to assess a youth who appears to be under the age of 19 to:

a) Determine that the youth has a history of serious drug use with potential immediate health risks associated with this drug use;

b) Provide appropriate and expedited referrals to primary health care, addictions care, shelter and/or mental health or other services as indicated by the information gathered;

c) Canadian law (The Infants Act) states that a minor may consent to health care as long as the health care provider has explained the risks and benefits of the health care and has made reasonable efforts to determine, and has concluded that the health care is in the young person's best interest;

d) As per the Child, Family and Community Service Act, MCFD or the police will be contacted if any child protection or other immediate risk issues are determined at the point of contact.

2) Youth under 19 years of age who do not have a history of serious drug use in the past <u>may not</u> obtain harm reduction supplies. (Please refer them to youth services and taxi them there at night).

3) Decisions regarding the above must involve assessment of risk i.e. is the youth expressing absolute determination to use or to obtain supplies unsafely, etc.

<u>Duty to Report</u>

For youth under 19, who request access to harm reduction services and do not meet the above criteria (no serious drug use history, are being abused, and/or appear unable to make an informed decision) we suggest the service provider:

- Collects as much information as possible on the youth;
- Make a report to the MCFD and
- Assists the youth in accessing services necessary at the time

When can I call?

- Monday to Friday, 8:30 a.m. to 4:30 p.m., call your local district office (listed in the blue pages of your phone book), or call the **Helpline for Children**. **Dial 310-1234** (no area code needed).

  After Hours Line
  For emergencies outside office hours, call the **Helpline for Children**.
  Dial 310-1234 (no area code needed). Or, call:

  - Vancouver, North Shore Richmond, call **(604) 660-4927**
  - Lower Mainland, Burnaby, Delta, Maple Ridge, Langley, call **(604) 660-8180**
  - For the rest of the province, call toll-free **1-800-663-9122**

Your call will be answered by a trained child protection worker

<u>Inquiry about Mature Minor Case</u>

If a harm reduction service provider has ethical concerns they should connect with a regulatory body or another available resource. Our health authority harm reduction representative is able to help you.