

September 2012
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 Health Authorities, Ministry of Health, BC Centre for Disease Control (BCCDC), First Nations Health Authority and other key stakeholders in 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 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 the Ministry of Health 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 Health 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 Communicable Disease Policy Committee via the chair, co-chair or physician epidemiologist

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 substance use services, primary care, home and community care, acute care and public health
- Decisions are made through consensus where possible. 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 and harm reduction epidemiologist
- Pharmacy
- Clinical Prevention Services -HIV/Sexually Transmitted Infections

Health Authorities

- Vancouver Island Health*
- Vancouver Coastal Health*
- Fraser Health*
- Interior Health*
- Northern Health*
- First Nations Health Authority / First Nations and Inuit Health

Health Officers Council of BC

- Communicable Disease MHO group representative

Ministry of Health

- Communicable Disease and Prevention, Harm Reduction, and Mental Health Promotion

Corresponding Membership

Ministry of Health

- Mental Health and Substance Use (Health Authorities Division)
- Aboriginal Health

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

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

*Regional health authorities are encouraged to find 2 representatives: one from public health and one from mental health and substance use services 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.

Role of Members

- Attend and participate in conference call and meetings. At least one representative from each organization/authority 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

Role of Regional Health Authority Representatives

- Approve sites for distribution of harm reduction supplies
- Provide input/communicate with sites regarding: distribution patterns, alerts and recalls
- Obtain local feedback on supplies and other issues as necessary
- Provide data for the indicators report
- Ensure appropriate community and peer capacity building activities are undertaken
- Help develop and define role of peers. Engage with peers in a meaningful way and help peers prepare for active participation in annual HRSS meeting.

Term of Membership

- Minimum two years, renewable
 - 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 their term or change in position

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 every 2 years or more frequently as appropriate