

STRATEGIES

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Welcome to the Third Issue of Strategies!



elcome to the third issue of Strategies, a newsletter brought to you by the BC Harm Reduction Strategies and Services (HRSS) committee.

The HRSS committee is comprised of representatives from all five BC regional Health Authorities, First Nations and Inuit Health, the BC Centre for Disease Control (BCCDC), and the BC Ministry of Healthy Living and Sport. We are dedicated to reducing drug related harms such as death, disease, and injury, including transmission of blood-borne pathogens through the sharing of drug paraphernalia.

I'm delighted to share this third issue with you, to keep you connected and informed of recent news and happenings in BC with respect to harm reduction. In this issue, you can read about updates on projects the HRSS committee has been working on. We have continued to improve harm reduction distribution and accountability by reviewing the ordering by each site over the past 3 years.

In response to feedback, we are distributing new harm reduction supplies. To make access to BC harm reduction policy, order forms and information easier, we have consolidated the information in one place on the BCCDC website. We had a successful training session from which a training manual was developed. There are ongoing initiatives all around the province.

Many thanks to those who provided feedback and suggestions after reading the last issue of Strategies. I hope you find this issue informative, and encourage you to send us your feedback. If you have ideas, thoughts, or comments regarding the newsletter, please contact your local representatives. Your feedback is much appreciated

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In 2008/09, HR product distribution in BC was centralized to a unique distributor located in Greater Vancouver.

Supplies can be ordered by harm reduction distribution sites which are approved by the appropriate regional health authority. The harm reduction supply requisition form is available on line at www.bccdc.ca and should be faxed to BCCDC.

In response to input from the field we have introduced new products to facilitate harm reduction. Such items include cookers, acidifiers and a larger sized mouthpiece. Cookers are used for mixing and heating the drugs before injection, alternatively people use teaspoons or drinks cans which are commonly shared. By providing sterile, disposable cookers, we can decrease sharing and subsequently reduce the transmission of hepatitis B, hepatitis C and HIV, and reduce other infectious diseases.

Acidifiers, such as citric acid, are used to dissolve crack cocaine so it can be injected. Harsher acids such as lemon juice or vinegar are often used and cause more pain and damage to the veins.

The single-use packets we provide are medicalgrade powder; to cause the least amount of damage, the smallest amount of citric acid which dissolves the rock should be used.

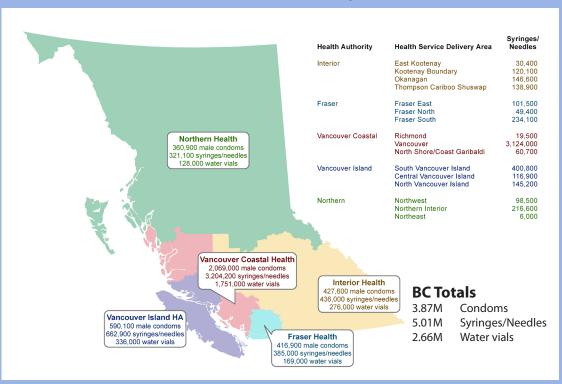
Mouthpieces which are put on the glass stems used for smoking crack can reduce the risk of oral lesions, as the tubing avoids direct contact of the mouth and lips with hot and broken glass stems. It also allows individuals to use their own mouthpiece and so protect themselves from the transmission of communicable diseases through sharing pipes. We found our original 2 sizes of mouthpieces did not fit stems used in some areas of the province so a larger size was introduced.

Also, a recent research article found hepatitis C (HCV) was diagnosed first in over half of persons identified as coinfected with HIV and HCV in BC. The median time to subsequent HIV diagnosis was 3.5 years, which highlights the importance of client engagement, referral and harm reduction in order to prevent HIV. For more information, visit: http://www.biomedcentral.com/1471-2458/10/225

HR Product Distribution Update 2009/10

Transportation of Supplies

Upon a review of our 2009/10 distribution statistics, we identified that 30% of current sites in the province order below the threshold of \$600, so that transportation costs are incurred. Working with regional health authorities we have established a primary and secondary site policy to maximize efficiency of distribution. This enables a primary site (a larger centre) to order supplies that can then be collected by, or transferred to, the secondary site (a smaller centre), subsequently reaching order thresholds and encouraging communication and training of the staff at the smaller sites.



British Columbia Harm Reduction News & Notes

Provincial

In June 2009, BCCDC launched its new website – www.bccdc.ca, which includes a Harm Reduction homepage. This page will include all Q&A documents, archived editions of Strategies, manuals and guidelines, and some local research. Please bookmark this page for future use.

In 2009, the BCCDC hosted a two-day Harm Reduction Workshop in Vancouver, BC. It focused on collaboration and sharing successes to implement harm reduction programs in BC. This workshop attracted 88 participants from all over the province, and included front-line workers, peers (people who use drugs), and representatives from Aboriginal agencies and communities. A manual was drafted for the workshop and updated with input from the field. In 2009, a hard copy manual was printed for each distribution site and is posted online at: www.bccdc.ca/prevention/HarmReduction/default.htm.

The contact information of all primary distribution sites has been updated and the new primary/secondary site policy (by including secondary site contact information) will enable rapid dissemination of information to all those who need to know. Communication may be necessary regarding potential concerns with items supplied, new items available and other alerts, for example regarding the risk of severe infections (due to low white cells) associated with cocaine contaminated with levamisole. Details of the alert can be found on BCCDC web site under Alerts 2009.

Vancouver Island Health

VIHA is focusing on implementing an island-wide, secondary distribution and collection of harm reduction supplies through VIHA community offices and VIHA funded services. A logo is being developed to post at all distribution sites to signify to clients that supplies are available at the location. A mobile service delivery model, including foot, bike and vehicle service, delivered by contracted service providers, peers and secondary sites has been developed in the Greater Victoria area in response to the closure of the fixed site.

Vancouver Coastal Health

The VCH Harm Reduction Program is pleased to partner with over 80 programs to provide harm reduction supplies and education in Vancouver and along the South Coast. These sites had nearly 250,000 visits in 2009 and provided over 13,000 referrals to health services, addictions and other supports. VCH continues to improve supply distribution by engaging with new primary harm reduction supply distributors and encouraging secondary distribution. In 2009, VCH also saw some of its highest syringe return rates at harm reduction sites, as well as improved syringe recovery rates by needle sweeps crews and in outdoor disposal boxes.

The 2010 Olympic and Paralympic games offered the opportunity to showcase local harm reduction initiatives on the international stage. A great deal of media attention was focused on drug use in Vancouver and on examining the four pillars of prevention, treatment, harm reduction and enforcement. The BCCDC STI/HIV Prevention and Control Division, Harm Reduction Strategies and Services and VCH partnered successfully over the course of the Olympics to improve HIV awareness by distributing over 200,000 condoms to residents and visitors.

Interior Health

In 2009, Living Positive Resource Centre, Okanagan became a primary distribution site for harm reduction materials. In an effort to provide low-barrier access to individuals seeking the equipment, they have created a 'Harm Reduction Menu', designed for use by individuals with varying degrees of literacy or language skills. The menus contain pictures of each of the items available, and make ordering as easy as filling in the number of items required next to their pictures. It also provides added confidentiality, as the menu can be handed to any staff member without the need to verbalize what it is that's needed. If interested in utilizing and adapting this menu in your facility please contact Sheila Kerr at skerr@lprc.ca.

Northern Health

The Northern Harm Reduction Committee was formed following the 2009 Vancouver training workshop. This group is creating a 2010 work plan which includes planning an annual education event in each of the 3 HSDA's to support harm reduction education among health authority partners and other community stakeholders and mapping the baseline harm reduction distribution and recovery sites with a goal to increase distribution in 2010.

Substance use is often hidden in smaller communities because of confidentiality concerns. NH and UNBC are collaborating on a research project to identify substances used, access to harm reduction education and supplies, and how best to engage clients. The research is being conducted by peers who use substances, and who are thus better situated to reach these hidden users of illicit substances. The study will be concluded in spring of 2011 and will provide a template for other northern communities to implement relevant harm reduction approaches in smaller communities.

Frontline workers in NH report an increase in crack pipe use. Since initiating crack pipe distribution 5 months ago, the needle exchange in Quesnel is experiencing a steady increase in crack pipe demand with a corresponding decrease in injection supply requests. A similar pattern is emerging in Prince George at the AIDS Prevention site and on the mobile wellness van where some of the clients being served have never injected. Staff report providing crack harm reduction supplies creates an avenue and opportunity to reach this group for health service support.

Fraser Health

FH Mental Health & Addiction Services continue to utilize a harm reduction (HR) framework in the delivery of addiction services, extending the traditional application of HR beyond supply distribution and education. FH promotes HR supplies distribution within the region, and needle distribution sites report that they have moved from one-to-one exchange to distribution. Harm reduction leaders work towards increasing awareness and common understanding with the police and community stakeholders in certain areas. Increasing access to harm reduction supplies continues to be one of the priority objectives. A couple of new needle distribution sites have been establish which allows for the hard to reach population to access harm reduction services.

FH Health Promotion and Prevention and Mental Health and Addictions are partnering to implement a series of workshops for front line staff, leadership and key decision makers to increase awareness about harm reduction and create an opportunity to partner with not only community organizations but also other departments within the Health Authority.

Harm Reduction Strategy in Vernon, B.C.

It is clear that in Greater Vernon, there is a huge concern over the impact of addiction on the wider community. Media coverage and letters to the editor indicate that the social and economic fall out from addictions is one of the biggest issues facing the community. A number of sectors have been calling for action, concerned about loss of customers due to fears about the street population, and residents upset about the level of crime in their neighbourhoods.

In spring 2008, the Partners in Action Committee created a Harm Reduction Action Team to assist the Street Clinic, run by North Okanagan Youth and Family Services (NOYFSS), in its transition from a clinic model to an outreach model. The action team assisted NOYFSS in developing a needs assessment and community readiness report. Given the community concern regarding addictions, it became clear that a wider community harm reduction strategy was also needed to address the issues.

In the fall of 2008, the Action Team embarked on creating a community based strategy for harm reduction in the Vernon area. This Greater Vernon. The Harm Reduction Action Team is excited by the included hosting a series of community meetings including an initial consultation, a series of focus groups and a final strategy session.

Although many groups and individuals were feeling the impact of addictions in the community, it was unclear how people viewed harm Submitted on behalf of the Harm Reduction Action Team by: Annette reduction. Through the Needs Assessment and Community Readiness Sharkey, Executive Director, Social Planning for the North Okanagan. Report, the Action Team was able to organize and facilitate the strategy session that ultimately set the community priorities.

The final result is a detailed Harm Reduction Strategy that was created with input from a broad spectrum of the community. Over 150 individuals took part, including people currently addicted and/ or recovering from addictions. The Harm Reduction Team launched the strategy on April 29, 2010, with results being reported from the recommendations.

The City of Vernon agreed to put needle drop boxes in public washrooms ensuring a safe place to dispose of needles and lessening the chance of the public and/or maintenance staff encountering a used needle. Hospital staff and front line workers created a protocol to better serve homeless individuals (often struggling with addictions) who are released from the hospital without a place to safely recover. The By-laws department joined forces with front line workers to visit homeless campers and drop off tips on how to keep themselves and the community safer while tenting on public space.

These are just a few examples of concrete actions taking place in community's willingness to get involved to more effectively address addiction issues in Greater Vernon. For more information, please contact info@socialplanning.ca.

BC Harm Reduction Strategies & Services Committee Members

Ministry of Healthy Living and Sport

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Ciro Panessa, Manager, Harm Reduction and Blood Borne **Pathogens**

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Sara Young, Community Developer, **HR Programs**

Donna Jepsen, Program Leader, Public Health and Prevention Program Faith Auton-Cuff, Manager, Mental Health and Addictions, Sunshine Coast

Street Youth Job Action

Street Youth Job Action (SYJA) is a social enterprise initiative of Directions Youth Services Centre that provides mentoring and development opportunities for homeless youth in Vancouver. The project gives these youth a chance to learn a set of skills and behaviours to prepare them for the workforce—skills like teamwork, punctuality, communication, a strong work ethic, and what it means to be part of a community.

This innovative program provides employment opportunities for youth aged 15-24 years. The jobs include street cleaning, needle sweep, janitorial work, and other labour services. In order to qualify for work, the youth are required to arrive at the Directions Centre clean, sober, and on time. Staff assigns them jobs and duties that are available for the day. After the youth have completed their tasks, they are paid that same day for services delivered.

Community Partners with this initiative include: City of Vancouver, Downtown Vancouver Business Improvement Association, CP Rail, Vancouver Coastal Health Authority, and Waste Management. Age

If you are interested in becoming a community partner or for more information, please contact:

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