

STRATEGIES

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Welcome to the Spring 2011 Issue of Strategies!



The BC Harm Reduction Strategies and Services (HRSS) committee is pleased to present the fourth edition of Strategies, highlighting the latest information on harm reduction principles, policies and programs in British Columbia.

The HRSS committee is composed 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 Health. 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.

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 4 years and adding to our list of supplies. We are also improving the relevance of our work by inviting representatives from peer groups to provide feedback at HRSS meetings.

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

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International Report "Out of Harm's Way"

The International Federation of Red Cross and Red Crescent Societies (IFRC) released a report on World AIDS Day 2010 to stress the importance of prioritizing harm reduction strategies over the criminalization of drug use. Harm reduction is described as the best strategy "because it works and is a human-rights based approach". Included in the report is an overview of the difficulties in tackling injection drug use and HIV as well as a discussion of the necessity of a human-rights based and effective response.

Please visit <http://www.ifrc.org/en/publications-and-reports/general-publications/> to read the full report.

Out of harm's way - Injecting drug users and harm reduction. International Federation of Red Cross and Red Crescent Societies (IFRC), 1 December 2010.

Provincial Report Reduction in New HIV Cases Among Those Who Inject Drugs

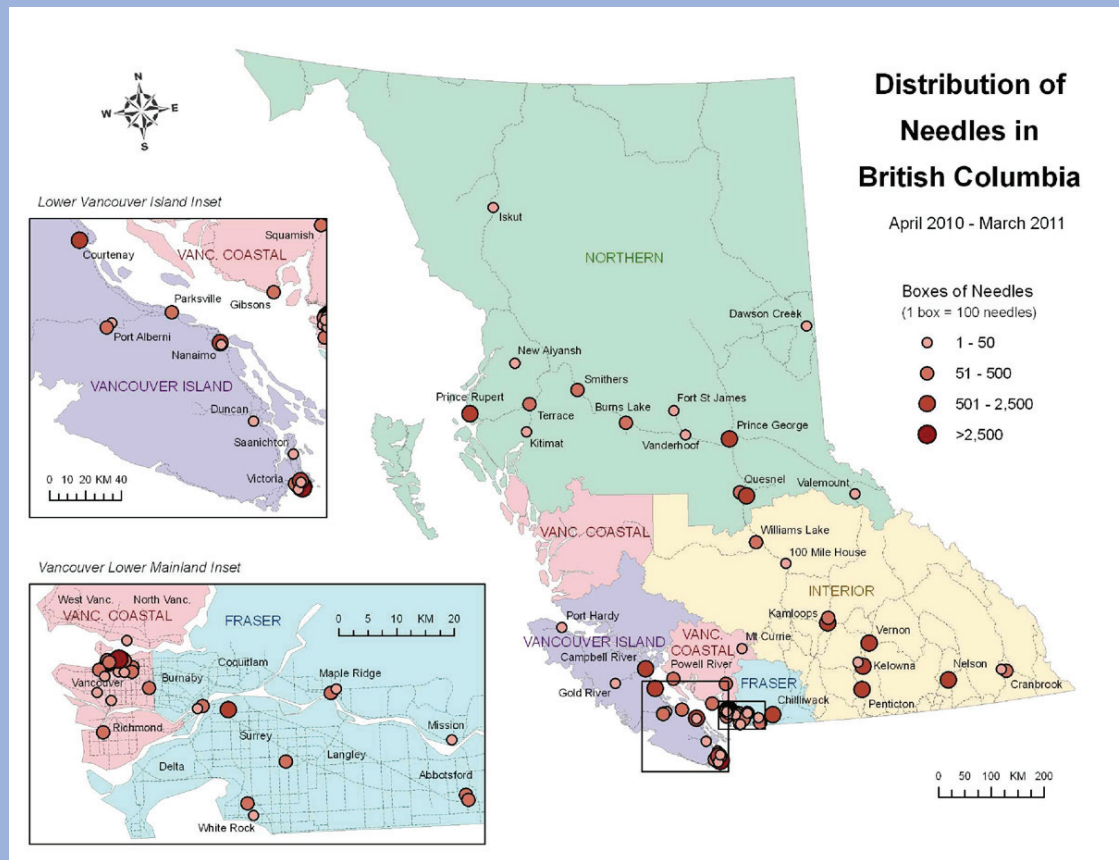
A report entitled "Decreasing HIV Infections Among People Who Use Drugs by Injection in BC" has noted that new cases of HIV among people who use drugs by injection (IDU) in BC continues to decline. This may be due to a higher uptake of Highly Active Antiretroviral Therapy (HAART) in the HIV population, effectively reducing transmission rates; however, diagnosis of acute HCV cases is also declining. This decrease in both HIV and HCV indicates that other factors may be involved, including greater access to harm reduction programs and services such as those facilitated through the BC Harm Reduction Strategies and Services Committee.

Please visit <http://www.bccdc.ca/prevention/HarmReduction/Research+Articles.htm> for the full report.

Harm Reduction Product Distribution Update

Each of BC's five health authorities and their community partners are committed to the provincial Harm Reduction Strategies and Services policy which states that they will provide a full range of harm reduction (HR) services in their jurisdictions, and ensure that HR supplies are available to all who need them, regardless of where they live or choice of drug. These products include needles and syringes, sterile water, alcohol swabs, condoms and lubricant, acidifier, cookers, mouthpieces, and push sticks.

These items are funded by the BC Ministry of Health and subsidized by the Provincial Health Services Authority (PHSA). The BC Centre for Disease Control (BCCDC) distributes and tracks the HR products sent to health units and community agencies for wider circulation.



Health Authority	Needles and Syringes	Sterile water	Alcohol Swabs	Condoms	Lubricant	Acidifier (Vitamin C)	Cookers
Fraser	330,800	164,000	331,600	421,104	104,832	13,000	82,000
Interior	472,600	253,000	401,600	499,420	116,352	16,600	42,000
Northern	359,500	229,000	416,200	545,788	152,064	7,200	80,000
VCH	3,469,900	1,955,000	3,831,600	1,580,236	678,528	194,000	548,000
VIHA	859,800	433,000	1,099,200	630,892	184,320	24,800	254,000
BC Total	5,133,100	3,034,000	6,080,200	3,677,440	1,236,096	255,600	1,006,000

British Columbia Harm Reduction News & Notes

Provincial

As part of our mandate to disseminate harm reduction information, we are in the process of creating a new harm reduction training website. This website will be a resource hub for harm reduction service providers, peers, youth and the general public. We look forward to sharing this with you!

Vancouver Island Health

VIHA partnered with NARSF Programs Ltd (Central Vancouver Island Harm Reduction Services) to hold a successful harm reduction symposium in Nanaimo, December 6th, 2010. The symposium was attended by over 260 registrants and included a variety of harm reduction speakers from across Canada, nine plenary sessions and two key notes, including an introduction by Perry Kendall, BC's Provincial Health Officer. The roll up of symposium feedback indicates interest in future collaborative events and training opportunities.

Following a decrease in needle orders over the last 2 years, we have seen an increase in orders this last fiscal year, demonstrating our commitment to harm reduction. To further this, VIHA is now on the second phase of implementing community sites for distribution and collection of harm reduction supplies.

Vancouver Coastal Health

VCH serves residents from numerous communities in South-West BC region and supplies are ordered by more than 50 health centres and organizations. Many of these programs make supplies available at multiple secondary sites. Education and referrals to health services, addictions services, and social supports are central to our services and over 24,000 referrals were given to harm reduction clients in 2010.

In 2010, over 250 VCH staff and volunteers, and community-based service providers attended harm reduction best practice trainings through our Harm Reduction Program. We are pleased to be partnering with the Vancouver Area Network of Drug Users (VANDU) on a video-based training initiative regarding safer injection practices. This training initiative is supported by HRSS and the video will be available online to improve knowledge about safer injection in VCH and across BC.

Fraser Health

FH is looking at strategies to increase supplies out to the community. We intend to double the number of needles we will distribute from approximately 400,000 to 800,000 per year by March 31, 2013.

Back by popular demand, a 2nd "Promoting Wellness and Reducing Harm" workshop is planned for April 20th in Pitt Meadows. This workshop is targeted at decision makers in Public Health, Mental Health and those who work with substance users, RCMP, courts and other community organizations.

Interior Health

IH's primary distribution sites are increasing their networking by linking through regional teleconferences to share ideas, information and resources; and to jointly problem-solve regarding issues or concerns. We are also continuing to expand our network of secondary distribution sites in the health authority.

Several primary distribution sites in IH have initiated crack pipe distribution in the past year which has been very well received by their clients. As well, a Methadone Maintenance Treatment information session/panel was held in Kamloops in early March with participants attending from all over IH. A number of the primary and secondary distribution sites were represented at the session.

Northern Health

NH has been furthering a number of initiatives during the last year and has also started a new program.

The Opening Doors to Harm Reduction research project in Quesnel BC is aimed at better understanding hidden illicit drug use, access to social services and how best to educate our community on Harm Reduction techniques. The researchers are happy to announce that the funding provided by CIHR has been extended. The dedication of Peer Researchers has been crucial in the collection of paper surveys and the next phase of the project is focused on reaching a different hidden population through the use of online surveys.

"N.O.C. Every Door is the Right Door." The Nursing, Outreach & Counseling (NOC) program began in Prince Rupert on March 31, 2011. NOC is a partnership between Mental Health and Addictions (MH&A) and Public Health Nursing (PHN). The intention of NOC is to allow the MH&A and PHN staff of Northern Health to meet the high risk population in the community. Staff will be spending one hour a week at the Salvation Army soup kitchen and one hour a week at Raffles - an establishment where low income individuals may find a bed at a reasonable cost. We hope that our partners and interested staff member base will continue to grow over the next few months!

A Harm Reduction Plan for the North



L – R, back Row: Carolyn Bouchard, Sue Broomsgrove, Patricia Emery, Samantha Dakin, Bareilly Sweet, Rebecca Helkenberg. Front Row: Kathy Wrath, Joanne Alexander, Elizabeth Lodge, Jessie Herringer. (Northern Health Harm Reduction Committee)

On March 2nd, 2011, representatives from all areas of the North came together for one day to develop a plan for improved harm reduction service delivery. This group has been meeting via teleconference for 2 years and this is the first face to face meeting of its kind, where both Public Health Nursing and Mental Health and Addictions staff have planned together for the whole north. Some of the goals for this next year are:

- Develop a standard public presentation on harm reduction for the staff and the public.
- Increase partnerships with indigenous people at the local community level.
- Develop a standard disposal system for harm reduction supplies.
- Explore the possibility of partnering for 24/7 access to harm reduction supplies.
- Hold a harm reduction training and education event in each HSDA.
- Participate in the development of the BCCDC online harm reduction training.

Tainted Cocaine Agranulocytosis (Neutropenia) Secondary to Levamisole in BC Cocaine

As of July 2009, 69% of cocaine seized at US borders contained levamisole, although the reason why cocaine contains levamisole remains unclear¹. Historically, levamisole was used to treat some illnesses and also been used as a veterinary antihelminthic agent (de-wormer). However, it has not been available in Canada since 2005²⁻⁶.

Levamisole is known to cause agranulocytosis (decreased white blood cells) in 3-10% of exposed persons and is associated with the development of cutaneous necrosis (patches of dead tissue) and vasculitis (inflammation of blood vessels)². This most often appears as patches of purplish-black discoloration on the earlobes and cheeks.

Public Health officials in British Columbia continue to receive reports of agranulocytosis related to levamisole in cocaine⁷. From early 2008 to February 2011, 45 cases have been reported by physicians throughout BC and there have been at least 3 deaths. More cases have been reported in females (53%) and among First Nations (58%). Modes of drug administration include injecting or sniffing cocaine powder or, more commonly, smoking crack cocaine (rock).

Agranulocytosis is suspected in persons with cocaine use and signs of rapidly progressing infection (i.e.: skin abscesses, pneumonia). Recovery generally occurs in 7-10 days but close monitoring is

required. Recurrence is common and neutropenia may recur in about half of cases when re-exposed.

BCCDC is also investigating genetic markers and behavioural risk factors for the development of levamisole-associated neutropenia. (<http://www.bccdc.ca/cocaine> - About the Study)

1. Centers for Disease Control and Prevention (CDC). Agranulocytosis associated with cocaine use – Four states, March 2008 – November 2009. MMWR Morb Mortal Wkly Rep. 2009; 58(49):1381-5. [PMID: 20019655]
2. Drew S, Carter B, Nathanson D, Terasaki P. Levamisole-associated neutropenia and autoimmune granulocytotoxins. Ann. Rheum. Dis. 1980; 39: 59-63.
3. Barbano G, Ginevri F, Ghiggeri G, Gusmano R. Disseminated autoimmune disease during levamisole treatment of nephrotic syndrome. Pediatr Nephrol. 1999; 13: 602-603.
4. Macdonald JS. Adjuvant therapy of colon cancer. CA Cancer J Clin. 1999; 49: 202-19.
5. Verma S, Quirt I, McCreedy D, Bak K, Charette M, Iscoe N. Systematic review of systemic adjuvant therapy for patients at high risk for recurrent melanoma. Cancer. 2006; 106: 1431-42.
6. Wiens M, Son W, Ross C, Hayden M, Carleton B. CMAJ. 2010; 182: 57-59.
7. Knowles L, Buxton JA, Skuridina N, Achebe I, LeGatt D, Fan S, Zhu NY, Talbot J. Levamisole tainted cocaine causing severe neutropenia in Alberta and British Columbia. Harm Reduction Journal. 2009; 6(30).

The Caravan Project

During summer 2010, the BC Centre for Disease Control Harm Reduction team supported the BC-Yukon Association of Drug War Survivors (BCYADWS) to conduct a peer-based health needs assessment in seventeen communities around the province. Drug user volunteers and a Vancouver Area Network of Drug Users (VANDU) staff person facilitated these workshops, while Alexis, providing research support, documented and analyzed the ensuing discussion.

Through this process, drug users across the province identified eight priority areas viewed as necessary to promoting their ability to live healthy and productive lives.

1. Improve interactions with health professionals
2. Promote access to a range of housing options
3. Improve treatment by police
4. Ensure harm reduction best practices are followed everywhere
5. Connect with illicit drinkers
6. Improve social assistance
7. Support user-run organizations
8. Engage with and encourage allies

The community report is available online at <http://www.bccdc.ca/prevention/HarmReduction/Research+Articles.htm>. To find out more about each of these priorities and how the BCCDC, BCYADWS, and VANDU are acting to address them, please contact Alexis at alexis.crabtree@bccdc.ca.



BC Harm Reduction Strategies & Services Committee Members

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Margaret Antolovich, Manager Public Health and Prevention

Please visit bccdc.ca/prevention/HarmReduction/default.htm for your local health authority harm reduction lead's contact information.

