

Issue: No.1 Date: May 1, 2008

# STRATEGIES

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## Welcome to the

## Inaugural Issue of Strategies!



**T**he BC Harm Reduction Strategies and Services (HRSS) committee is pleased to launch the inaugural issue of Strategies, its semiannual newsletter which highlights the latest information on harm reduction principles, policies and programs in British Columbia. The Harm Reduction Supplies Program purchases and distributes harm reduction supplies to more than 170 sites across the province to support regional health authorities in delivering and expanding harm reduction services for people who use illegal drugs.

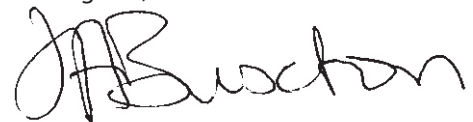
The HRSS committee is comprised of representatives from all 5 BC regional Health Authorities, the BC Centre for Disease Control (BCCDC), and the BC Ministry of Health. This group is dedicated to reducing the incidence of drug-related death, disease, and injury, including transmission of blood-borne pathogens through the sharing of drug paraphernalia.

This newsletter is intended to keep our stakeholders, health authorities and community

partners connected and informed of what is happening in BC with respect to harm reduction. It is imperative that our partners have the resources needed to provide the range of supply services and strategies required to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier.

Future issues will feature local experiences, if you have something you wish to share, or have any questions, please contact your local representative. I hope you find this issue informative, and encourage you to send us your feedback.

Warm regards,



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# More than just needles:

*Exploring harm reduction product distribution practices across BC through qualitative interviews and geographic mapping*

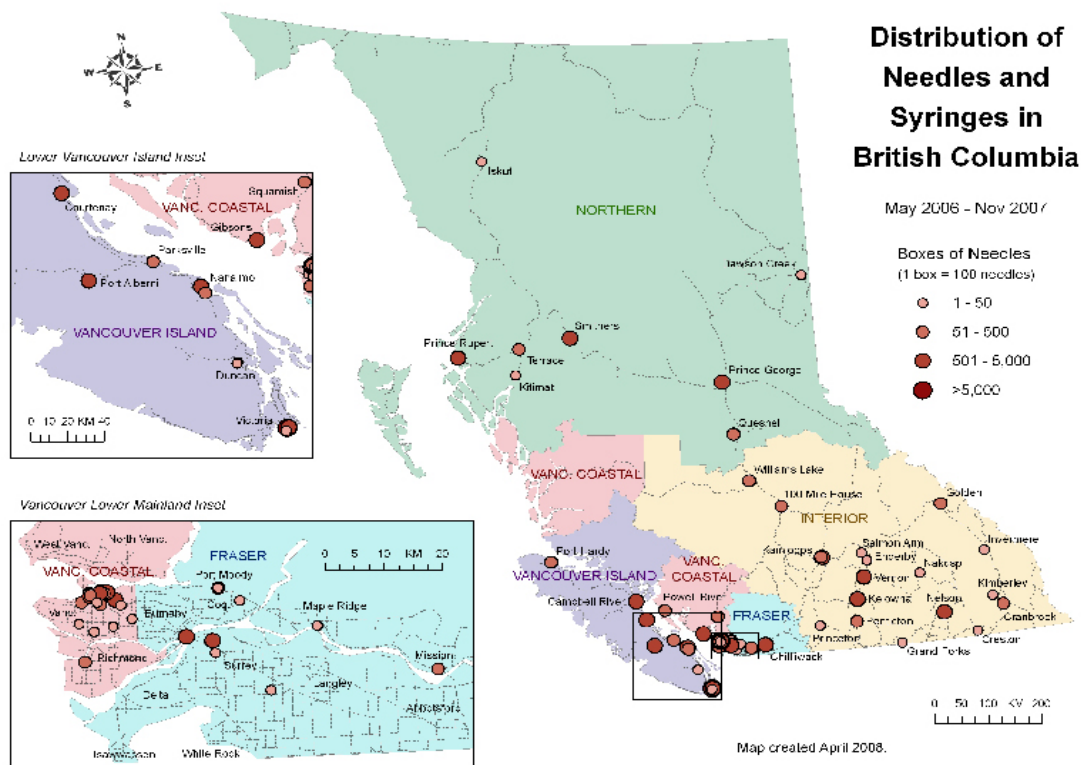


Each of BC's five health authorities and their community partners are committed to the provincial Harm Reduction Supply Services policy which states that they will provide a full range of harm reduction (HR) services to their jurisdictions, and ensure that HR products are available to all who need them,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

These items are funded by the BC Ministry of Health and subsidized by the Provincial Health Services Authority (PHSA). They are distributed by the BC Centre for Disease Control (BCCDC), which also tracks the harm reduction products that are sent to health units and community agencies that distribute the supplies.

After initial analysis of BCCDC's tracking data, wide variations between health service delivery areas were noted. As a result of these discrepancies, the HRSS committee agreed that there was a need to investigate the range and adequacy of HR product distribution using qualitative interviews, and to analyze HR product distribution by site using geographic information systems. The "More than just Needles" study was launched in May 2007 to evaluate current product supply distribution, and explore future demands to identify gaps, cost-saving measures and potential cost pressures.

The study identified a lack of standardized policy and practice between distribution sites. For example, we found that processes varied from "self-serve" to provider-mediated. As well, some sites only provided condoms or very limited injection supplies, and one site utilized a 1-for-1 needle exchange. We also noticed little demand for female condoms, except in sites where education was provided. Secondary distribution of supplies (where an agency obtains supplies from a direct ordering site) was common but was



not systematically recorded. Furthermore, our study uncovered variations in training, with routine training of distributors occurring in few regions; other health authorities employed community engagement and development approaches. Although a new needle, syringe and sterile water should be used for every injection, we found considerable discrepancies, with one site supplying no water. Many sites also reported a demand for crack pipe mouthpieces. Geographic mapping also identified large rural areas without access to a primary distribution site (see map above).

As a result of the study, a consultant has been hired to develop a best practice document, to build on and share available resources, and to enable a more standardized approach to HRSS in BC. The guidelines may include criteria for new distribution sites, a secondary distribution data collection instrument and training resources.

*Please note, the map above excludes secondary distribution sites.*



## Mouth pieces and push sticks to reduce harms for crack cocaine users

The HRSS Committee examined the evidence for disease transmission, benefits, risks and costs of providing rubber tubing and recommended that mouthpieces should be available. The tubing is available in 2 different widths to fit most glass stems, in 100-foot lengths which can be cut at the distribution site with special cutters.

Push sticks are used to pack and position the filter or screen (often Brillo) inside the crack pipe. Once the crack has been smoked the push stick is used to move the filter back and forth to partially recover the crack that has hardened on the inside wall of the pipe as the pipe cools. We became aware that plungers from syringes supplied for HR purposes were being used to push the crack inside the pipe, while the rest of the syringe and needle was discarded. HRSS service providers in Vancouver estimated that 1 in 5 syringes distributed may be used for the plunger only.

The HRSS committee examined the risks and benefits of providing wooden push sticks, noting that this would avoid discarded needles and potentially toxic melted plastic related to using syringe plungers, and they also anticipated a cost savings as craft sticks are cheaper than needles and syringes. Some people used metal such as broken car aerials which could potentially crack and break the glass and cause cuts to fingers and lips. Wooden sticks were determined to be preferable to metal.

In the 1990s in Canada, street drug use patterns changed, with crack cocaine becoming much more prevalent. Crack cocaine smoking presents different public health risks from injection drug use, and poly-drug use may occur. Populations who engage in both activities are often highly vulnerable and marginalized, and may suffer from concurrent mental illness, physical ill-health and homelessness. People who smoke crack cocaine sometimes develop oral lesions, burns and cuts from hot or broken pipes or cracked lips. If glass pipes for crack smoking are shared, evidence suggests that individuals may be at increased risk of exposure to hepatitis C and other communicable diseases.<sup>1,5,6,7,8</sup>

Using rubber mouthpieces on the ends of crack pipes allows individuals to protect themselves from burns and exposure to communicable diseases; a person can have their own mouthpiece which they alone use. Providing supplies for people who do not inject drugs also creates a further point of engagement for otherwise hard-to-reach populations of marginalized and vulnerable individuals.

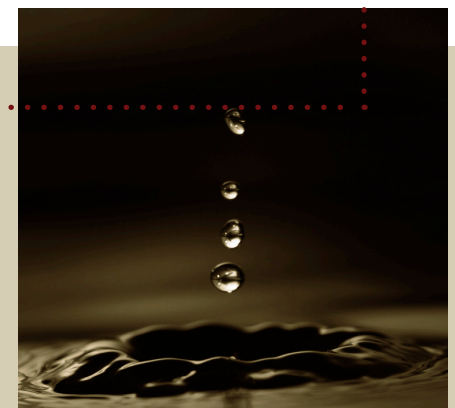
## Ethics Opinion:

### Water for Injection vs. Water for Inhalation

Sterile water is distributed to avoid harm from using contaminated sources (e.g. puddle water). Two types of sterile water are available: Sterile Water for Inhalation in 3ml vials; and Sterile water for Injection in 10ml vials. The HRSS policy has been to distribute the smaller Sterile Water for Inhalation vials to reduce the risk for cross contamination through re-using or sharing the larger vials.

In 2007, due to a temporary lack of availability of smaller vials, the BCCDC provided 10ml Sterile Water for Injection vials. Late last year, we met with members of the BC

Children's and Women's Ethics Committee to discuss ethical issues related to providing Sterile Water for Inhalation compared to Sterile Water for Injection. The committee discussed these issues at length and felt that Sterile Water for Injection in 3ml vials would be the preferred product to use. However, since water for injection is not currently commercially available in this volume, the committee applied the ethics framework of least harms. A consensus was reached supporting the provision of 3ml vials of Sterile Water for Inhalation in preference to 10ml vials for injection.



Sterile Water for Injection	Sterile Water for Inhalation
<ul style="list-style-type: none"> <li>Lower bacterial endotoxins &amp; particulate matter</li> <li>Available in 10ml vials only</li> </ul>	<ul style="list-style-type: none"> <li>Packaged in 3ml vials for single use</li> </ul>





# New supplies and Warehousing

The HRSS committee considers the evidence (benefits, risks and costs) for each new HR supply item requested, and members may seek feedback from their health authority. Once the committee recommends a new harm reduction supply item be added to the list, each health authority decides if and how to distribute the products, often through stakeholder and community engagement.

be used in the future to monitor distribution, reduce transportation costs, ensure accountability, determine minimum orders and identify gaps. A Request for Proposal (RFP) process to find a vendor who can warehouse and distribute all the harm reduction supplies will be undertaken. Prior to the tendering process BCCDC will work with Vancouver Coastal Health Authority at the Supervised Injection Site to evaluate the acceptability of various types of needles and syringes.

A centralized warehousing system for supply distribution of all HR products will

## Harm Reduction Health Files

A health file has been developed to improve the understanding of the principles of harm reduction for professionals and the general public. The "Understanding Harm Reduction" health file #102 can be accessed at <http://www.bchealthguide.org/healthfiles/pdf/hfile102.pdf>. Further health files are being developed.

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10. Sheena Campbell, Coordinator, Harm reduction programs, Vancouver Coastal Health, Personal communication.

## Harm Reduction Strategies and Services Committee Members

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