

Building and enhancing capacity for HCV prevention; BC case scenario

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BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY





Main messages from BC:

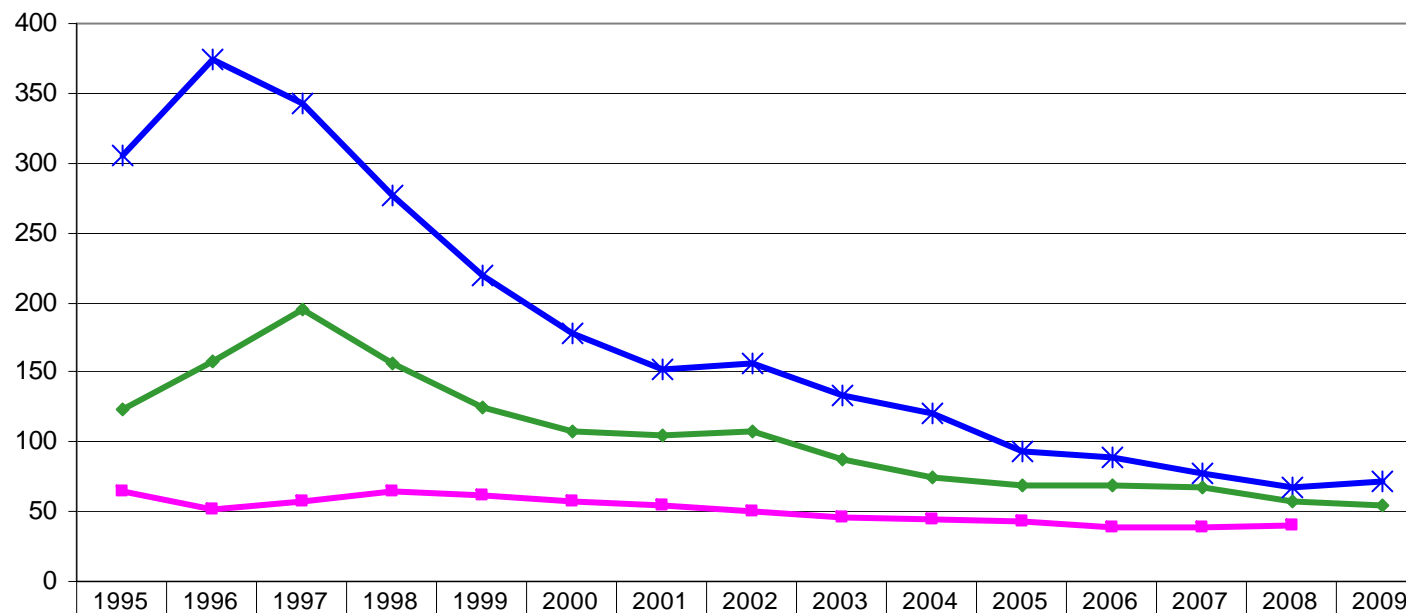
- **Good data is important**
 - Develop policy, where to target, evaluate interventions
- **Don't assume because there is a policy....**
 - What is really happening? Ask the experts i.e. peers and frontline staff
 - Relevance - Nothing about us without us
- **Consistent clear messages/knowledge dissemination**
 - Collaboration/partnerships
 - One stop information/data

Good data/evidence *should* inform policy

- **Surveillance:** ongoing systematic, collection, collation, analysis of data with timely dissemination to those who need to know
- **Data for Action:** i.e. to create policy/ identify where to target efforts/ evaluate interventions
- **Data sources in BC:**
 - **HCV**
 - Reportable disease/laboratory data; Excellent cohort studies
 - Harm reduction i.e. HCV prevention
 - Harm reduction supplies distribution; Methadone
 - Lots we don't know about drug use!

Hepatitis C reported in Vancouver, BC and Canada, 1995-2009

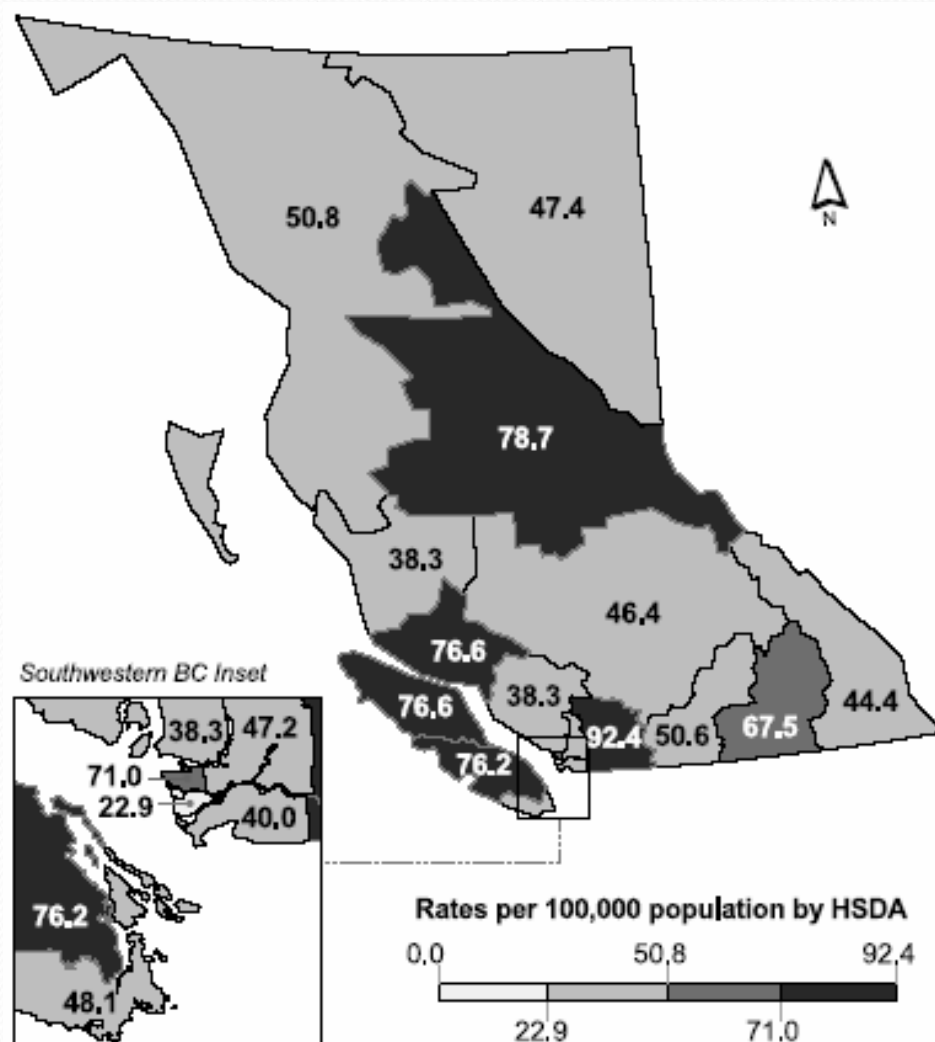
Rate per
100,000
population



Vancouver Hepatitis C Reports	1617	2042	1896	1550	1244	1020	879	921	788	722	567	545	486	425	459
BC Hepatitis C Reports	4634	6115	7701	6242	4984	4352	4276	4432	3611	3084	2875	2930	2902	2500	2449
Vancouver Hepatitis C Rate	305	375	342	277	220	178	151	157	133	121	94	89	78	67	72
BC Hepatitis C Rate	123	158	195	157	124	108	105	108	88	74	69	69	67	57	55
Canada Hepatitis C Rate	64	51	58	65	62	58	54	51	47	45	43	39	39	40	

>67,000 cases of HCV reported in BC since 1992

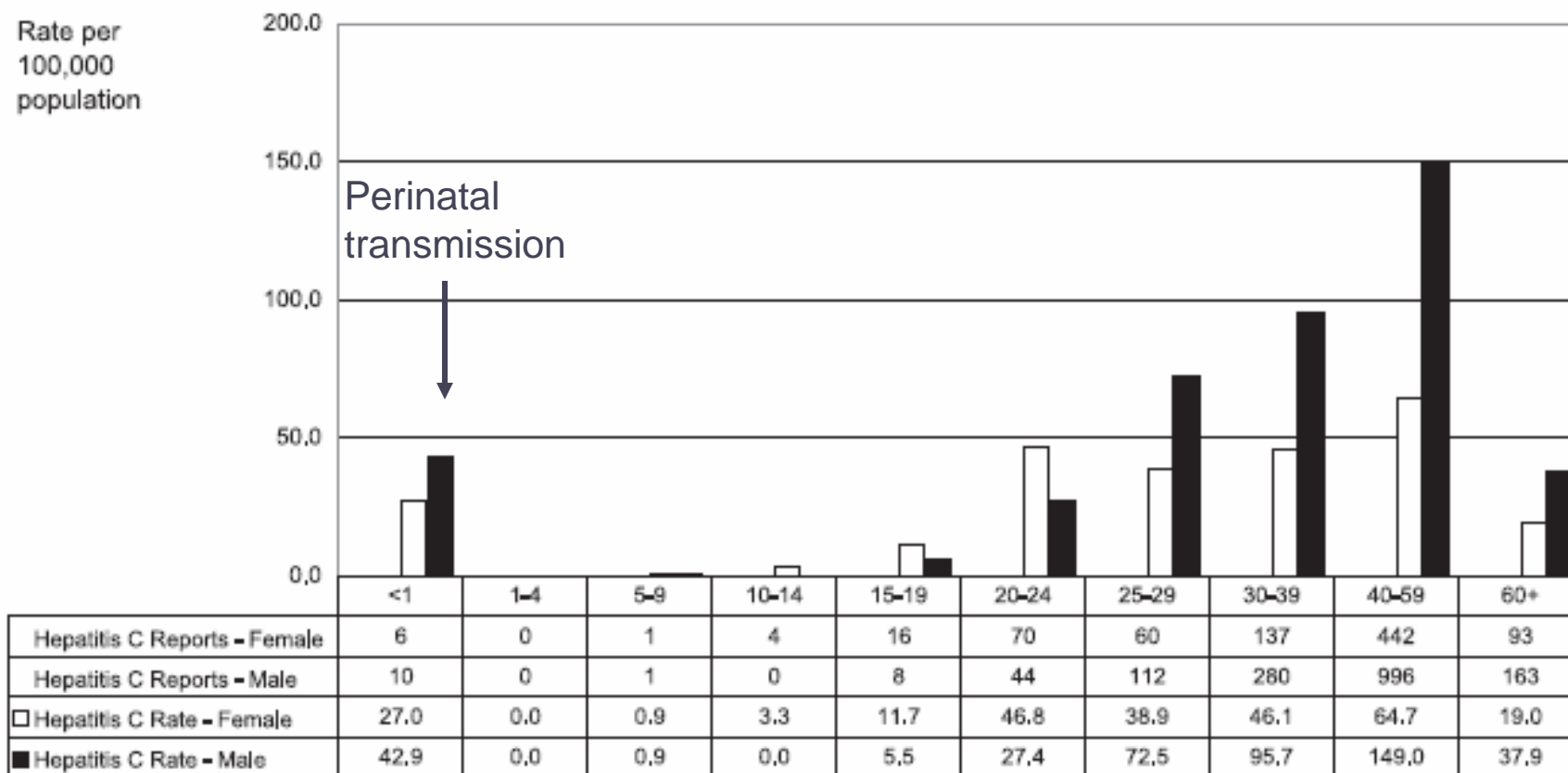
Hepatitis C, rates by HSDA, 2009



HSDA	Health Service Delivery Area	Cases	Rate
11	East Kootenay	35	44.4
12	Kootenay Boundary	53	67.5
13	Okanagan	177	50.6
14	Thompson Cariboo Shuswap	103	46.4
21	Fraser East	260	92.4
22	Fraser North	282	47.2
23	Fraser South	278	40.0
31	Richmond	44	22.9
32	Vancouver	455	71.0
33	North Shore/Coast Garibaldi	106	38.3
41	South Vancouver Island	177	48.1
42	Central Vancouver Island	200	76.2
43	North Vancouver Island	92	76.6
51	Northwest	38	50.8
52	Northern Interior	112	78.7
53	Northeast	32	47.4

Note: Map classification by Jenks natural breaks method.

Hepatitis C by age and sex, 2009



Male >female; except 10-24yrs



But newly identified \neq newly infected

Why tested?

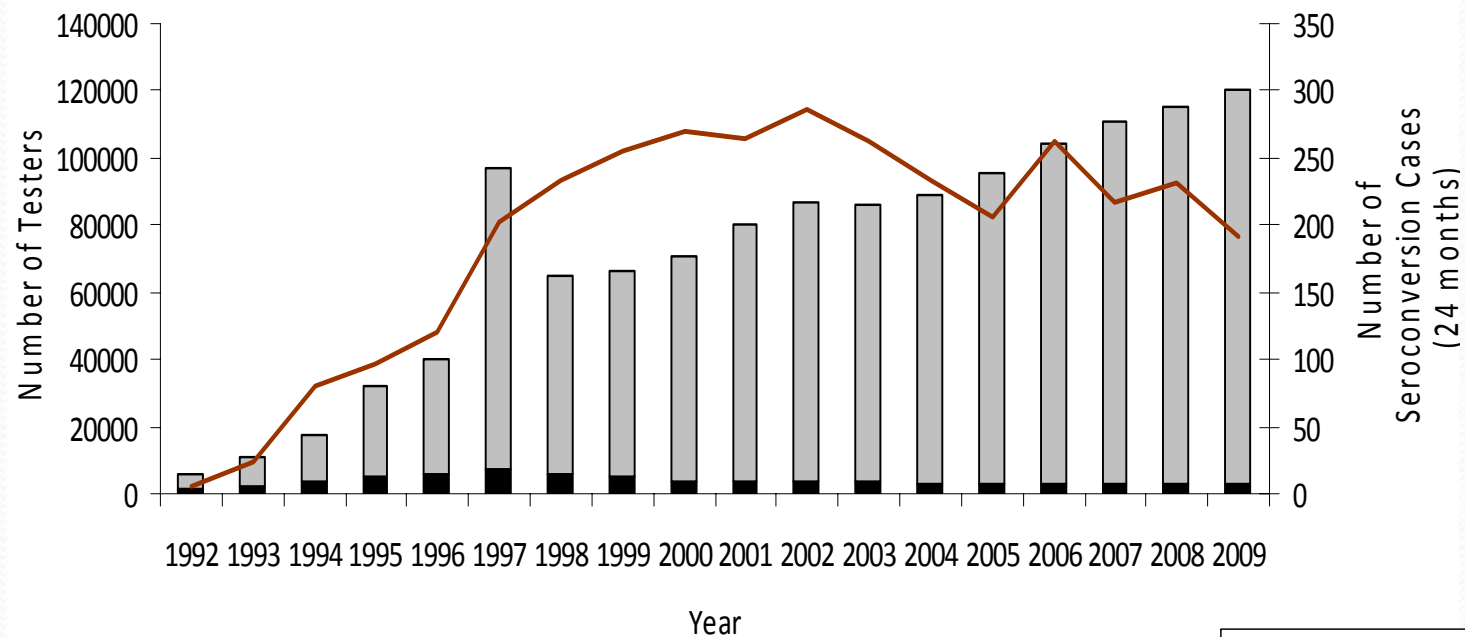
- Identification remote infection
 - Awareness of past risk factor
 - Routine insurance medical
 - Symptoms of liver disease (i.e. past infection)
- Recent acute infection
 - Ongoing risk factors
 - Part of cohort study
 - Prison population



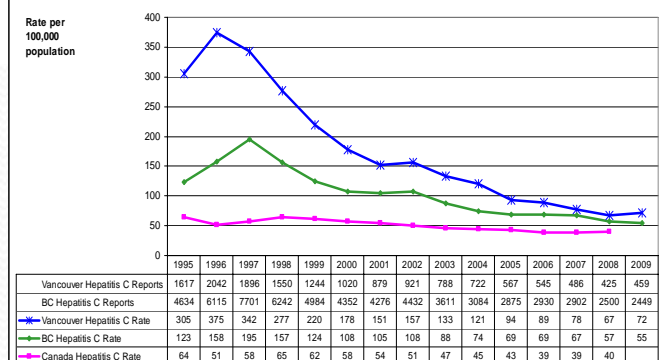
Laboratory data

- In BC 95% tests performed at provincial lab
 - Reflex anti-HAV/anti-HBs testing for vaccine eligibility
- Allows longitudinal data analysis
 - Negative to positive anti-HCV; 24mth seroconversion
 - Test volume

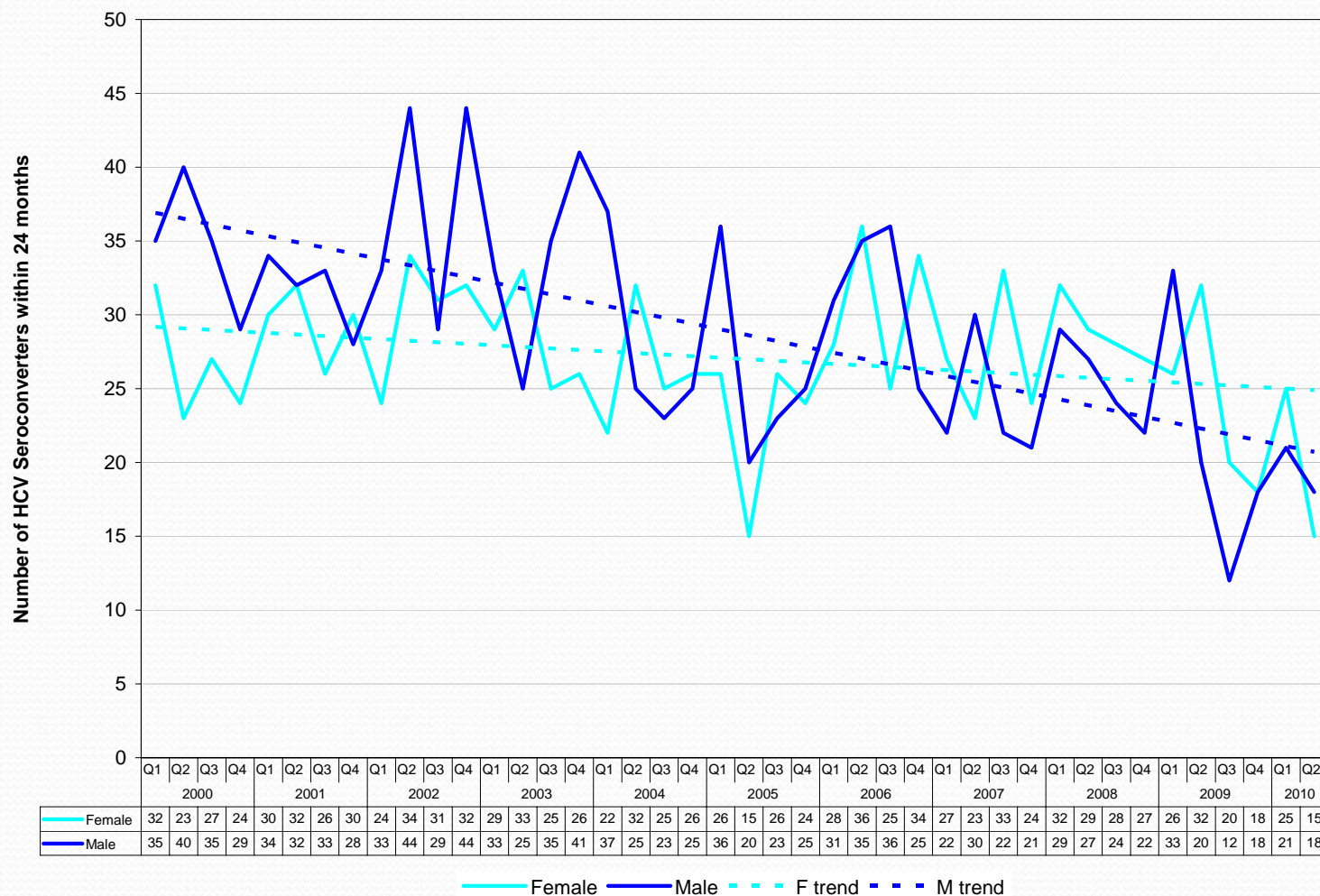
Anti-HCV testers & seroconversion (24m)



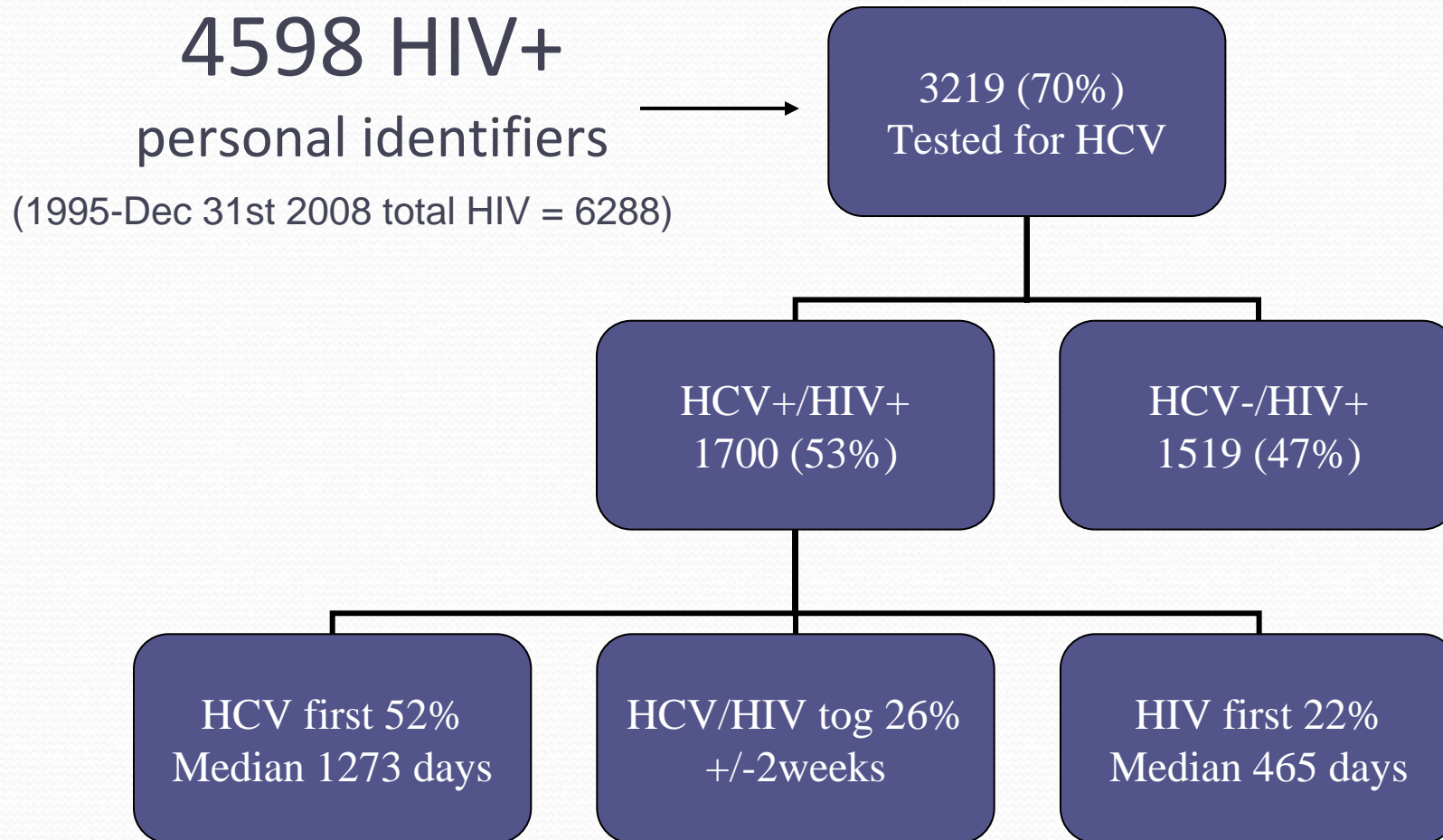
Hepatitis C reported in Vancouver, BC and Canada, 1995-2009



HCV 24mth seroconversion by sex, BC



Use data to support policies; linkage HIV/HCV co-infection



HCV identified before HIV in >half persons co-infected with HIV/HCV (median time to HIV infection 3.5 yrs); therefore opportunity for HR to prevent HIV infection



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 - **Harm reduction** i.e. HCV prevention
 - Harm reduction supplies distribution; Methadone



Harm reduction works!

- Public health response to reduce the harmful effects of a behaviour. Provides non-judgmental strategies enhancing knowledge, skills and supports for individuals, their families and communities to make decisions to be safer and healthier
- Van Den BC, Smit C, Van Brussel G, Coutinho R, Prins M **Full participation in harm reduction programmes is associated with decreased risk for HIV and hepatitis C virus:** evidence from the Amsterdam Cohort Studies among drug users. *Addiction* 2007, **102**:1454-1462

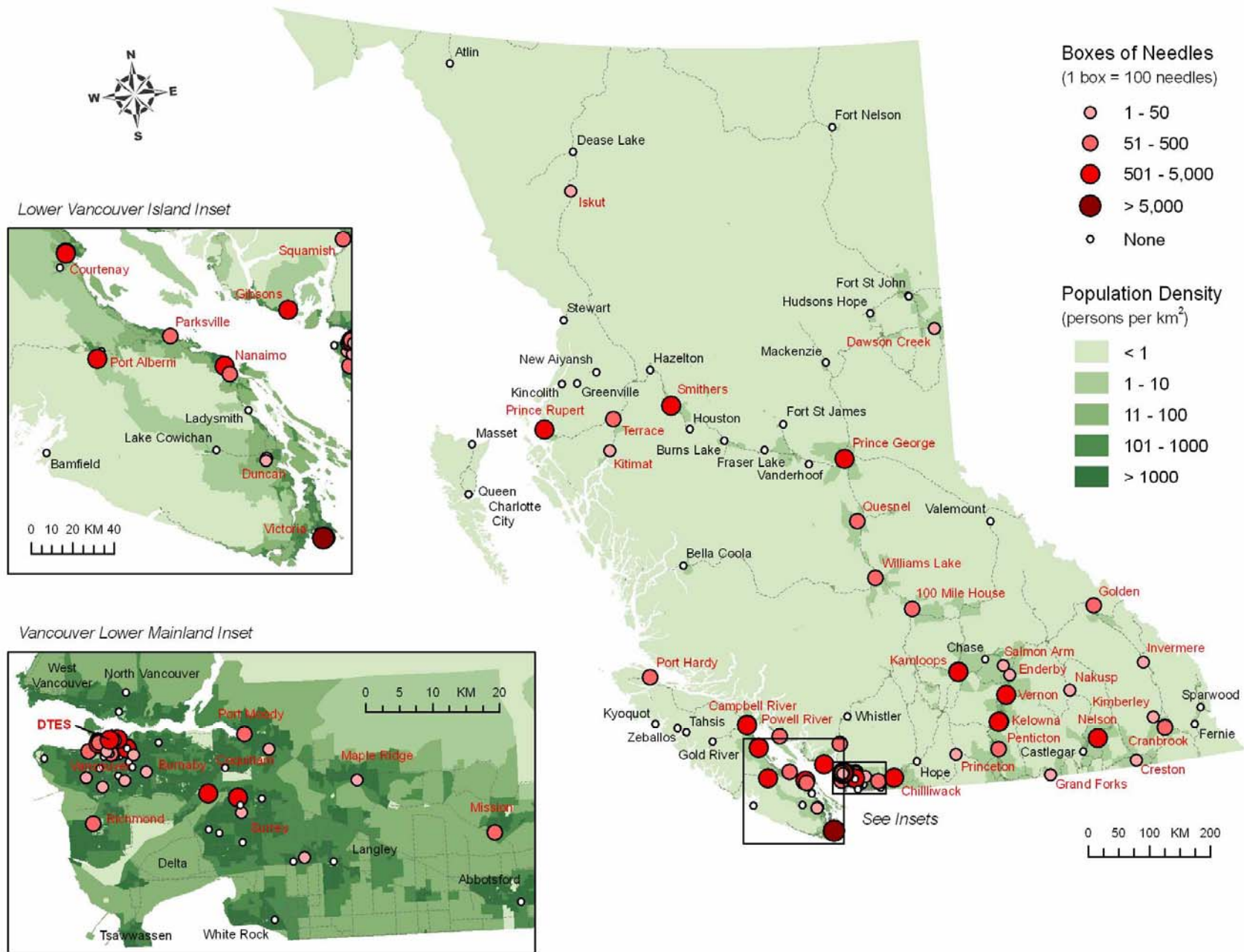
Provincially funded harm reduction supplies

- Supplies distributed to 300+ ordering sites
 - Needles and syringes (5 million)
 - Sterile water (3 million)
 - Alcohol swabs
 - Cookers; Ascorbic acid (Mar 2010)
 - Crack pipe mouth pieces/push-sticks (2008)
 - Condoms & lubricants

Crack pipes are available in some regions but not provincially funded

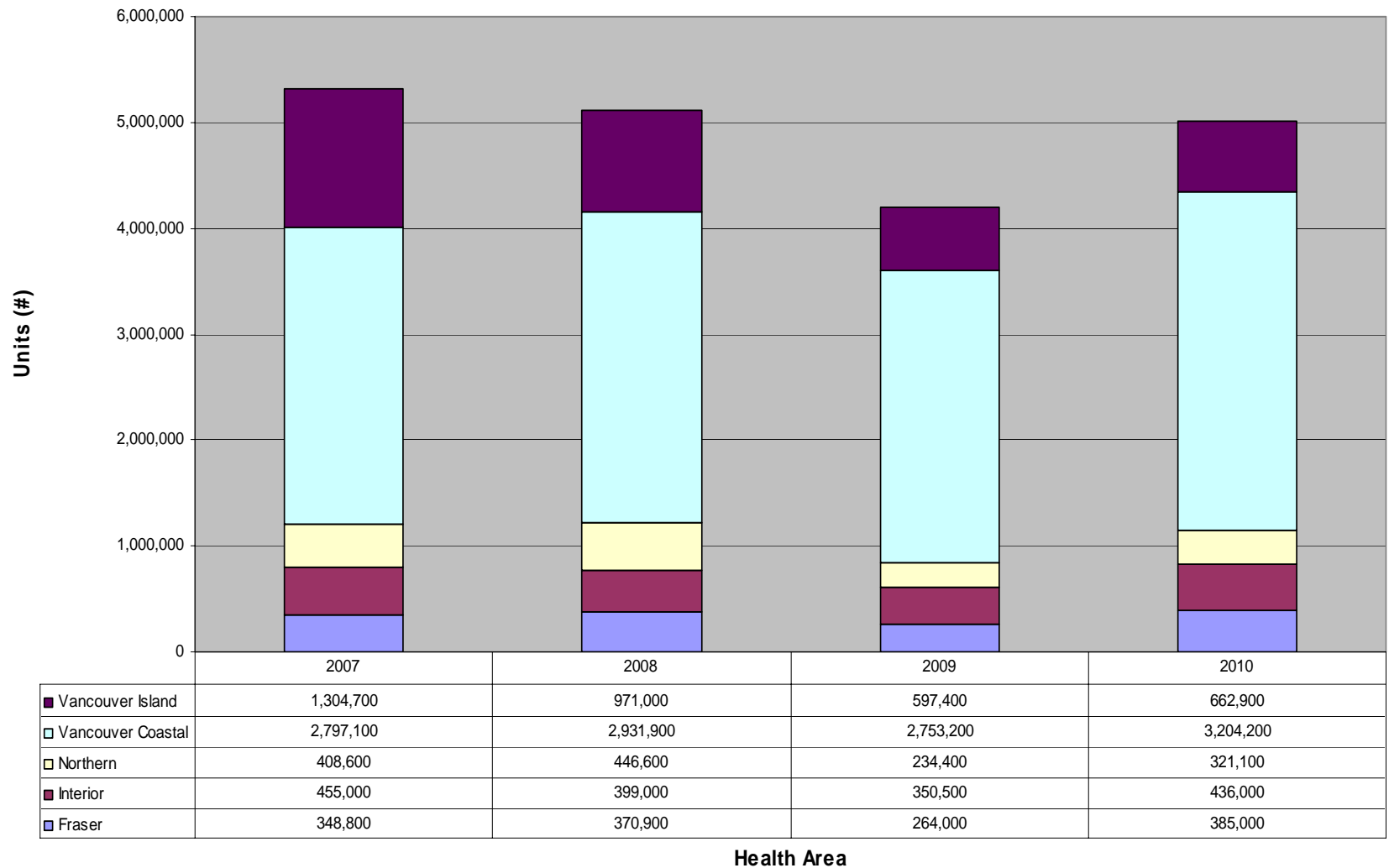
- BC policy from exchange to distribution (2002)

Kerr T, Small W, Buchner C, Zhang R, Li K, Montaner J, Wood E.
Syringe Sharing and HIV Incidence Among Injection Drug Users and
Increased Access to Sterile Syringes AJPH 2009



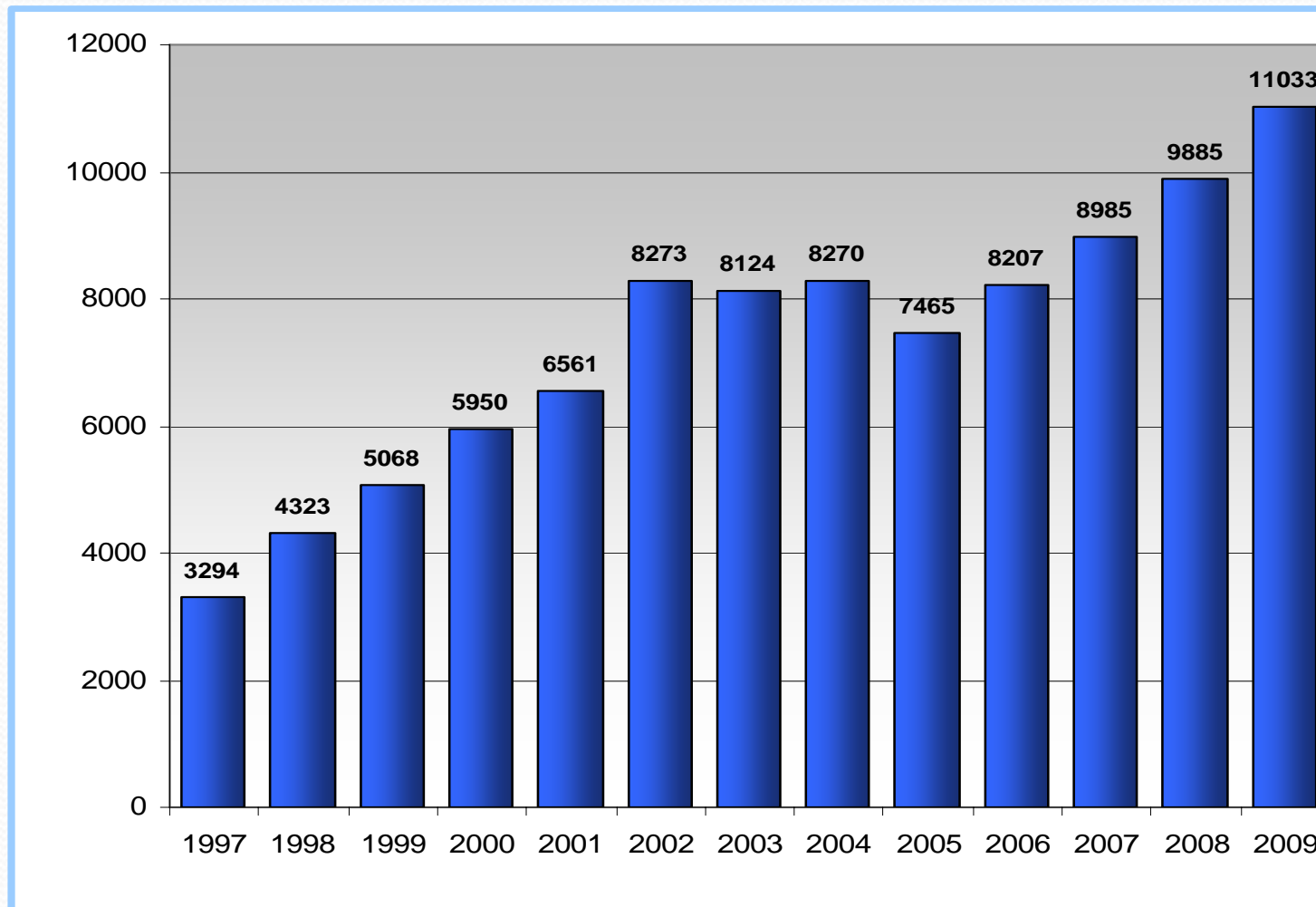
GIS supply distribution: identify sites; volume vs. population i.e. where gaps/improve access

Needles distributed by HA by fiscal year



Identify trends over time and btw. regions

Methadone prescribing in BC



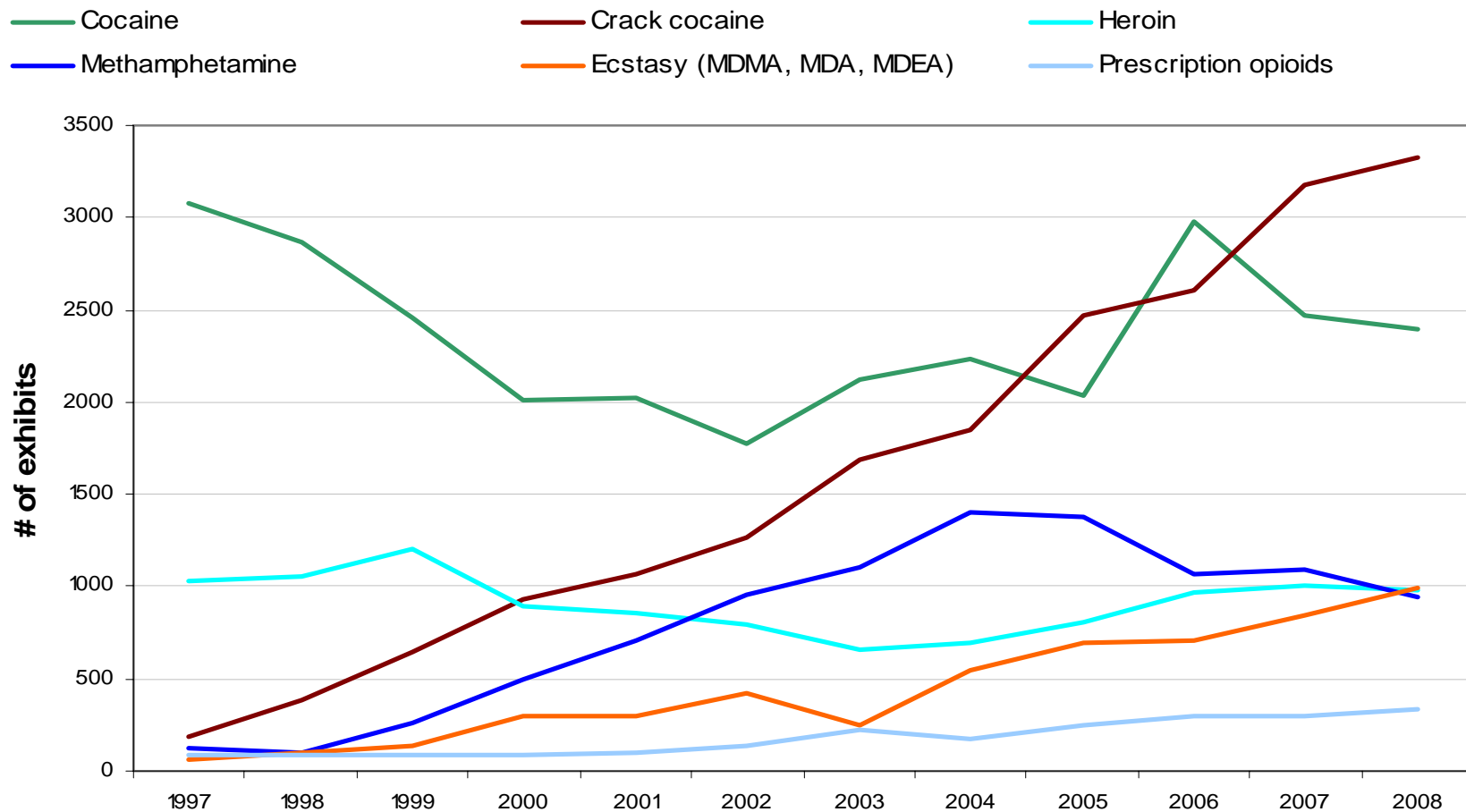
Recent BC methadone program evaluation report: <http://www.carbc.ca/>



Lots we don't know about drug use

- Be creative and collaborative, develop partnerships
 - Ambulance data
 - Coroners data
 - Hospital utilization
 - Vital stats
 - Police
 - Health Canada Drug Analysis Lab
 - Treatment data
- Participation (not tokenism)
 - Experts – Youth study; User groups
 - People who have been in prison
- Identified increase crack smoking; 60% do not inject
 - Need to be engaged - provide supplies
 - Specific issues e.g. levamisole in crack www.bccdc.ca/cocaine

BC exhibits analyzed for selected substances. 1997-2008



Source: Drug Analysis Service (DAS) – Laboratory Information Management System



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Don't assume because there is a policy..

- More than just needles
 - Assess range, adequacy and methods of HR product distribution including client engagement and community development using qualitative interviews
 - Frontline staff report: feel isolated, lone advocates, stigmatization of clients; practices vary from the policy
<http://www.harmreductionjournal.com/content/5/1/37>
- Therefore developed resources-training manual, news letters, Q and As, webpage etc
- The Caravan
 - Partnering with Drug User Activists to Conduct a Harm Reduction and Health Needs Assessment
 - Purpose - What are the needs and priorities of drug users in BC and how can they organize to meet them?

Caravan Format

- 2 hour workshops
- User-facilitated
- Note taker
- 17 communities
- Identified priorities





Priorities identified

- Improve interactions w. health professionals;
Methadone; too much, too little, too far away
- Access to a range of housing options
- Improve treatment by RCMP
- Ensure harm reduction best practices followed everywhere
- Connect with illicit drinkers
- Support user-run organizations
- Engage with and encourage allies
 - Work with professionals as allies instead of providers; Engage the public as allies
- Next steps:
 - Use priorities to develop provincial campaigns

Consistent clear communication / knowledge translation

- Academic publications
 - Excellent for academic community
 - Policy ideology vs. evidence base
 - Make it real & accessible – who is your target audience?
- Health care/service providers providing HR isolated
 - Need tools, training in person, training manual
 - 5-minute elevator pitch; safer injecting practices etc



Communication/Knowledge translation

- Consistency:
 - All using same numbers, same language, resources, latest order form
 - Strategies newsletters- needles distributed/year
- Colleagues and public lack understanding , stigma, ideology etc
 - Support local community development meetings
 - Newsletters- human face and stories
 - Harm reduction health files, Q and As about supplies

www.BCCDC.ca



BC Centre for Disease Control

An agency of the Provincial Health Services Authority

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Harm Reduction

"Harm reduction" aims to keep people safe and minimize death, disease, and injury from high risk behaviour.

Harm reduction involves a range of support services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier.



A range of services is available to prevent harms from substance use. Some examples include:

- **Impaired driving prevention campaigns:** Create awareness of the risks of driving under the influence of alcohol and other legal or illegal substances
- **Peer support programs:** Groups for people who use substances - to improve their quality of life and to address gaps in services
- **Needle distribution programs:** Distribute clean needles and other harm reduction supplies and educate on their safe disposal
- **Outreach and education:** Make contact with people who use substances to encourage safer behaviour
- **Substitution therapies:** Substitute illegal heroin with legal, non-injection methadone or prescription heroin
- **Supervised consumption facilities:** Prevent overdose deaths and other harms by providing a safer, supervised environment for people using substances

What are the benefits of Harm Reduction?



Harm reduction has many benefits for people who use substances, their families, and communities.

SUPPLY REQUISITION FORM

Authorised Distribution Sites:

To Order Supplies Use the Harm Reduction Supply Requisition Form

[Policy on Primary, Secondary and One-off Distribution Sites including Order Form](#) Mar 2010 [pdf, 94 KB]

RELATED PAGES

[History of Harm Reduction in British Columbia](#) Oct 2010 [pdf 33 KB]

[Harm Reduction Training Manual for Frontline Staff](#) Aug 2010 [pdf 8.25 MB]

[Harm Reduction Strategies and Services Policy](#) Feb 2009 [pdf, 45 KB]

[Best practices for BC's harm reduction supply distribution program](#) Sept 2008 [pdf, 308KB]

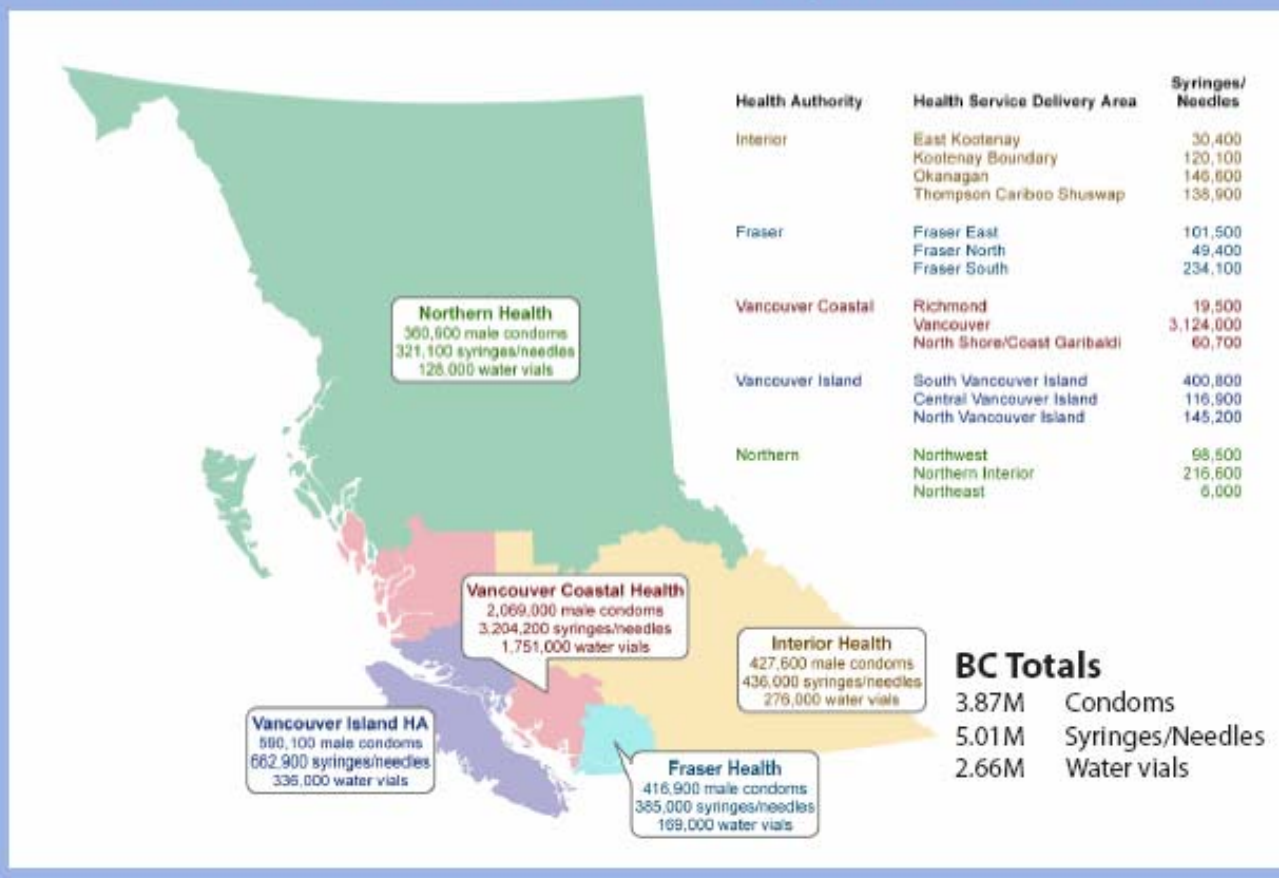
[Harm Reduction Strategies and Services Committee Terms of Reference](#) Jan 2009 [pdf, 22 KB]

Online 'strategies' newsletter ensures consistent distribution #s reported by all

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.





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