



Best Practices Model for Harm Reduction in British Columbia: Community Involvement

Authors: Despina Tzemis, Lianping Ti, Margot Kuo, Jennifer Campbell, Jane Buxton and the HRSS Committee

Harm Reduction Program

BC Centre for Disease Control

2011 Public Health Association of BC Conference, Richmond, BC

November 28, 2011



BC Centre for Disease Control



Background

- **Harm Reduction Program**
 - BC Harm Reduction Program transferred to the BCCDC (2003)
 - Mission and vision
- **Program**
 - Harm Reduction Strategies and Services (HRSS) committee
 - Provincial harm reduction supply distribution and tracking
 - Webpage and training resources
 - *Strategies* Newsletter

Objective

- To describe the HRSS committee
- To describe the tools & initiatives of the HRSS to facilitate best practice harm reduction knowledge translation in BC



HRSS committee

- Representatives from all 6 BC health authorities
 - Includes:
 - BC Ministry of Health
 - BCCDC
 - HR health authorities
 - Local and regional service providers
 - Community members
 - Clients from across BC



HRSS committee

Guiding principles:

- Patients as Partners
- Community-Based Participatory Model:
 - Participatory: mutual code of collaborative working relationship
 - “Co-learners”
 - Empowering process
 - Balance between research/policy and action
 - Accountability

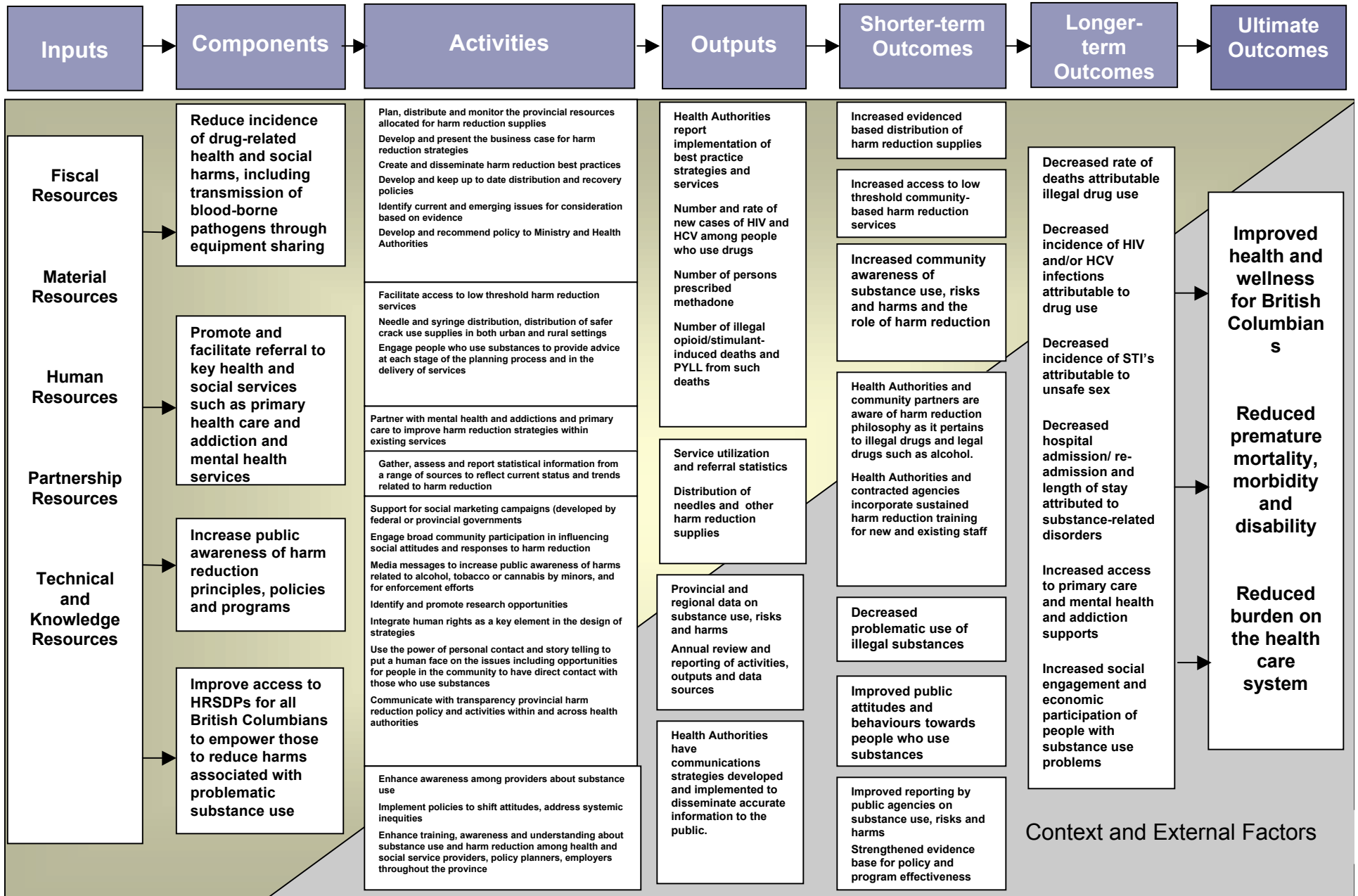
Guiding documents:

- “Nothing About Us Without Us”
- “How to Involve People who use Drugs”



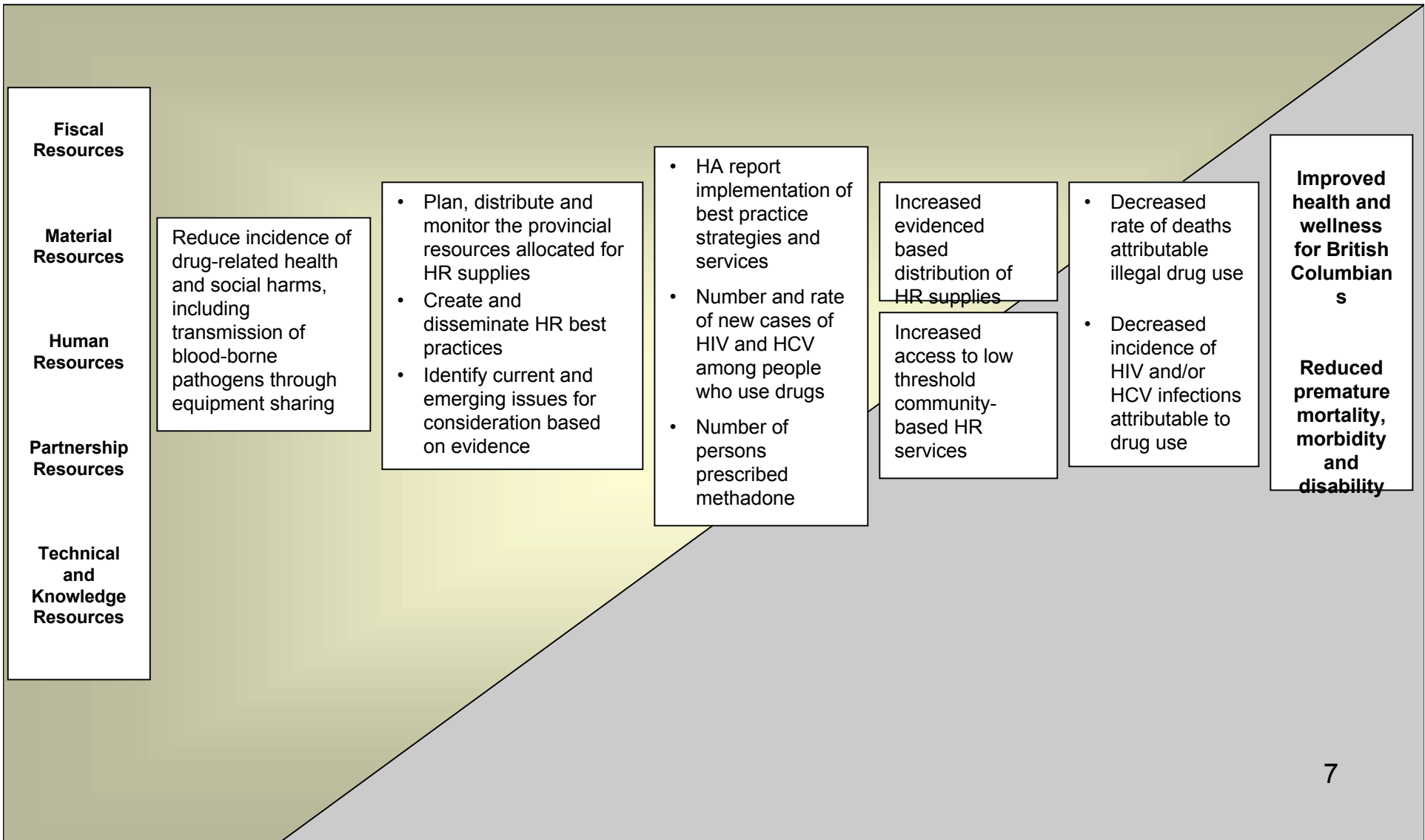
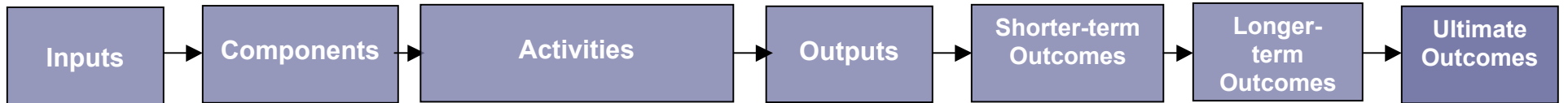
Harm Reduction Strategies and Services Logic Model

Vision: To ensure that all British Columbians receive evidence based harm reduction strategies and services



Harm Reduction Strategies and Services Logic Model

Vision: To ensure that all British Columbians receive evidence based harm reduction strategies and services



HRSS committee

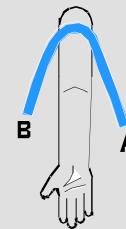
- Communication
 - Meet face-to-face and/or remote (quarterly)
- Objectives
 - Discuss successes & challenges of HR strategies from various perspectives
 - Share info re: HR supplies & distribution
 - Assess needs to maintain relevance (i.e. exchange vs. distribution)
 - Group decisions w/ regards to supplies & services
 - Networking & learning opportunities
 - Distribute funds to enable peer group meetings (+ \$2000 funding)
 - Initiatives to engage clients in planning, design & evaluation

Engaging with clients

- Attending peer group meetings
 - Between May and July 2011
 - To evaluate new HR supplies (i.e. cookers & ascorbic acid)
 - To identify other needs by clients
- Findings
 - Cookers & ascorbic acid are difficult to obtain at night
 - Preference for black sharps containers
 - Additional supplies requested (i.e. filters)
 - Printed/pictorial user guides in addition to HR service provider education

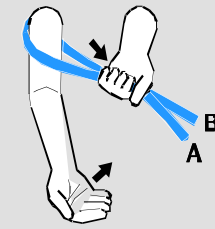
HOW TO SAFELY USE A TOURNIQUET:

1.



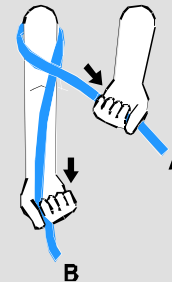
Put arm out palm facing up & place tie over bicep with ends hanging on each side.

2.



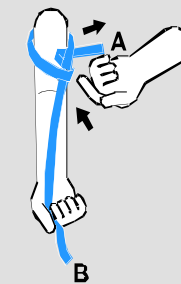
Grab both ends with opposite hand and pull to stretch out.

3.



Use the free hand (from the arm you are injecting into) to grab the bottom tie.

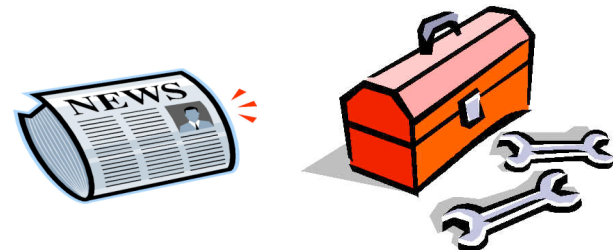
4.



Using the opposite hand, pull the top tie tightly to cross over and tuck under the bottom tie.

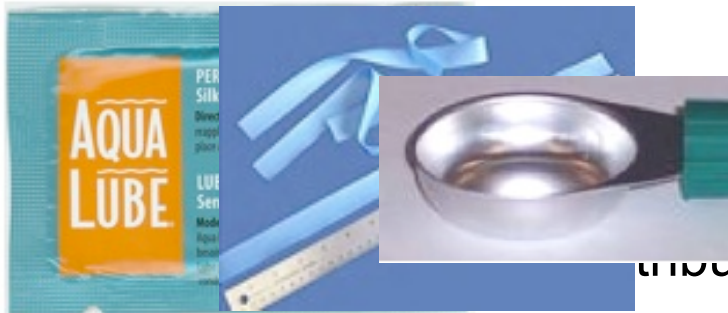
HR tools

- HR supply distribution and tracking
- Webpage and training resources
- *Strategies* Newsletter

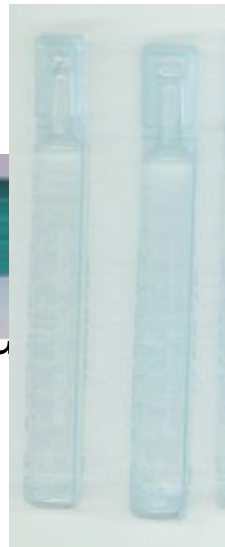


HR supplies and distribution

- Supplies
 - Products including:
 - Condoms, lubricant, needles/syringes, tourniquets, cookers, water, ascorbic acid, sharps containers, alcohol swabs, mouthpieces, cutter, crack pipe screens, push sticks

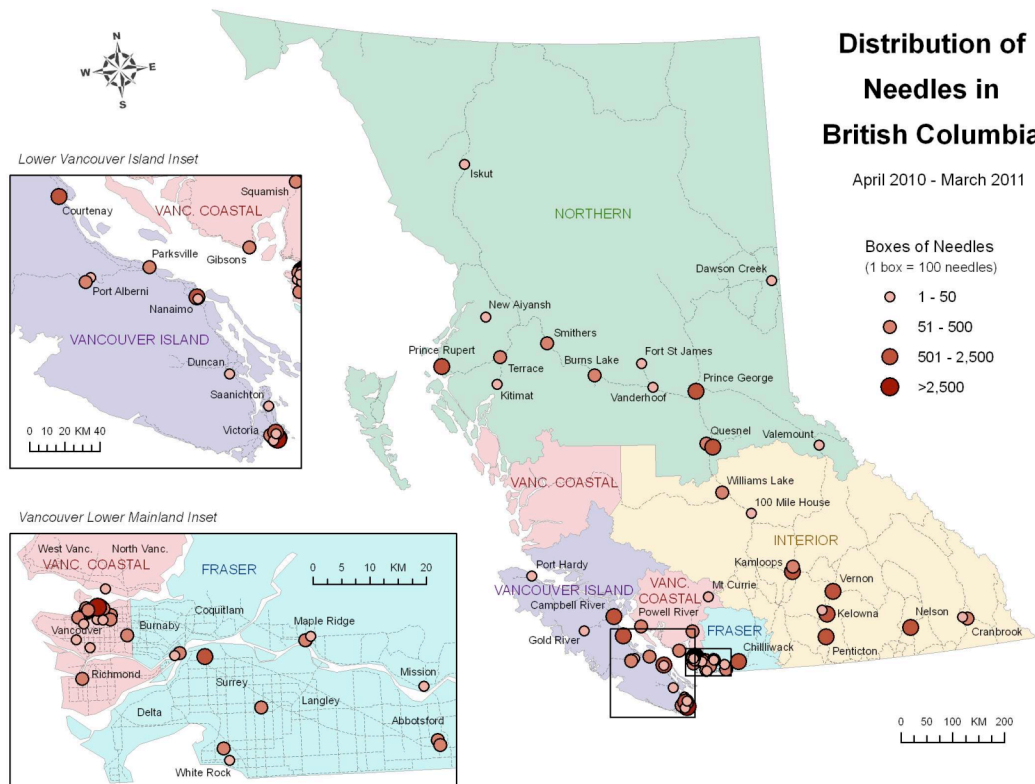


- Multiple secondary



HR supplies and distribution

Needle Distribution 2010/2011 fiscal year (n = 5,133,100)



HR supplies and distribution

Distribution Numbers for 2010/2011 fiscal year

HA (Population)	Needles/ Syringes	Sterile Water	Alcohol Swabs	Ascorbic Acid	Cookers	Condoms	Lubricant
FH (1,608,913)	330,800	164,000	331,600	13,000	82,000	421,104	104,832
IH (734,587)	472,600	253,000	401,600	16,600	42,000	499,420	116,352
NH (288,569)	359,500	229,000	416,200	7,200	80,000	545,788	152,064
VCH (1,140,892)	3,469,900	1,955,000	3,831,600	194,000	548,000	1,580,236	678,528
VIH (757,999)	859,800	433,000	1,099,200	24,800	254,000	630,892	184,320
BC Total (4,530,960)	5,133,100	3,034,000	6,080,200	255,600	1,006,000	3,677,440	1,677,440

(2011). Population Estimates. Retrieved from <http://www.bcstats.gov.bc.ca/data/pop/pop/dynamic/PopulationStatistics/PopulationType.asp?category=Health>

HR webpage

- Purpose
 - Share info with service providers, clients, & public
 - Facilitates standardized practice
 - Provides resources and support
 - “One-stop information shopping”
- Home to:
 - Provincial guidelines
 - Supply order form
 - Supply Q&A
 - Training manual w/tools for advocacy
 - *Strategies* Newsletter
 - & more!

HR webpage

The screenshot shows a web browser window displaying the Harm Reduction page on the BC Centre for Disease Control website. The page features a navigation menu with categories like 'DISEASES & CONDITIONS', 'FOOD & YOUR HEALTH', 'HEALTH & YOUR ENVIRONMENT', 'IMMUNIZATION & VACCINES', 'OUTBREAKS & EMERGENCIES', 'PREVENTING INFECTION', and 'SEXUAL HEALTH'. The main content area is titled 'Harm Reduction' and includes a definition, a list of services (e.g., impaired driving prevention, peer support, needle distribution), and a section on the benefits of harm reduction. A sidebar on the left lists 'IN THIS SECTION' with links to 'Antibiotic Resistance', 'Hand Hygiene', 'Harm Reduction', 'Questions and Answers', 'Research Articles', 'Agranulocytosis Associated with Levamisole in Cocaine', and 'Resources'. The right sidebar contains a 'SUPPLY REQUISITION FORM' section and a 'RELATED PAGES' section with links to various documents and manuals.

<http://www.bccdc.ca/prevention/HarmReduction/default.htm>

HR Newsletter

- *Strategies* Newsletter (**est. 2008**)
 - Highlights latest info on HR principles, policies & programs
 - **June 2011** features:
 - Supply Distribution Map and Numbers
 - International Harm Reduction Report
 - BC HIV Trend Report
 - The Caravan Project
 - Tainted Cocaine
 - A Harm Reduction Plan for the North



STRATEGIES

Issue: No. 4 Date: June 2011

In this issue

Supply Distribution Map and Numbers
International Harm Reduction Report
BC HIV Trend Report
The Caravan Project
Tainted Cocaine
A Harm Reduction Plan for the North

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.

The BCCDC Harm Reduction Team:

Dr. Jane Buxton
Physician Epidemiologist and Harm
Reduction Lead, BCCDC
Jennifer Campbell
Harm Reduction Epidemiologist
Margot Kuo
Federal Field Epidemiologist
Fay Low
Budget and Support Analyst

Contact Information:

British Columbia Centre for Disease Control (BCCDC)
655 West 12th Avenue, Vancouver, BC V5Z 4R4 Canada
Website: www.bccdc.ca
Phone: 604.707.2400

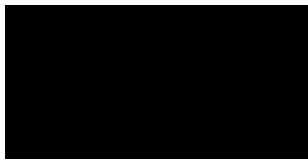


Conclusion

- HRSS committee is:
 - Participatory
 - Cooperative
 - Engages clients with various HR stakeholders
- Representation from all stakeholders ensures principles, policies, & programs are effective and timely
- Various tools are developed to ensure best practice and standardized information dissemination across BC

Acknowledgments

- HR service providers and health care providers across BC
- Clients and community members for their comments and support



Thank you!

