

Preventing Harm from Substance Use:
Harm Reduction

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Dr. Murray Fyfe
Medical Health Officer
Vancouver Island Health Authority

Substance Dependence

- Substance use spans from abstinence, to beneficial and social use, to problematic use
- **Substance Dependence:** A maladaptive pattern of substance use leading to impairment or distress, as manifested by:
 1. Physical Dependence (e.g. increasing tolerance of drug; withdrawal symptoms)
 2. Psychological addiction (compulsive use and loss of control over substance use)

Determinants of Addiction

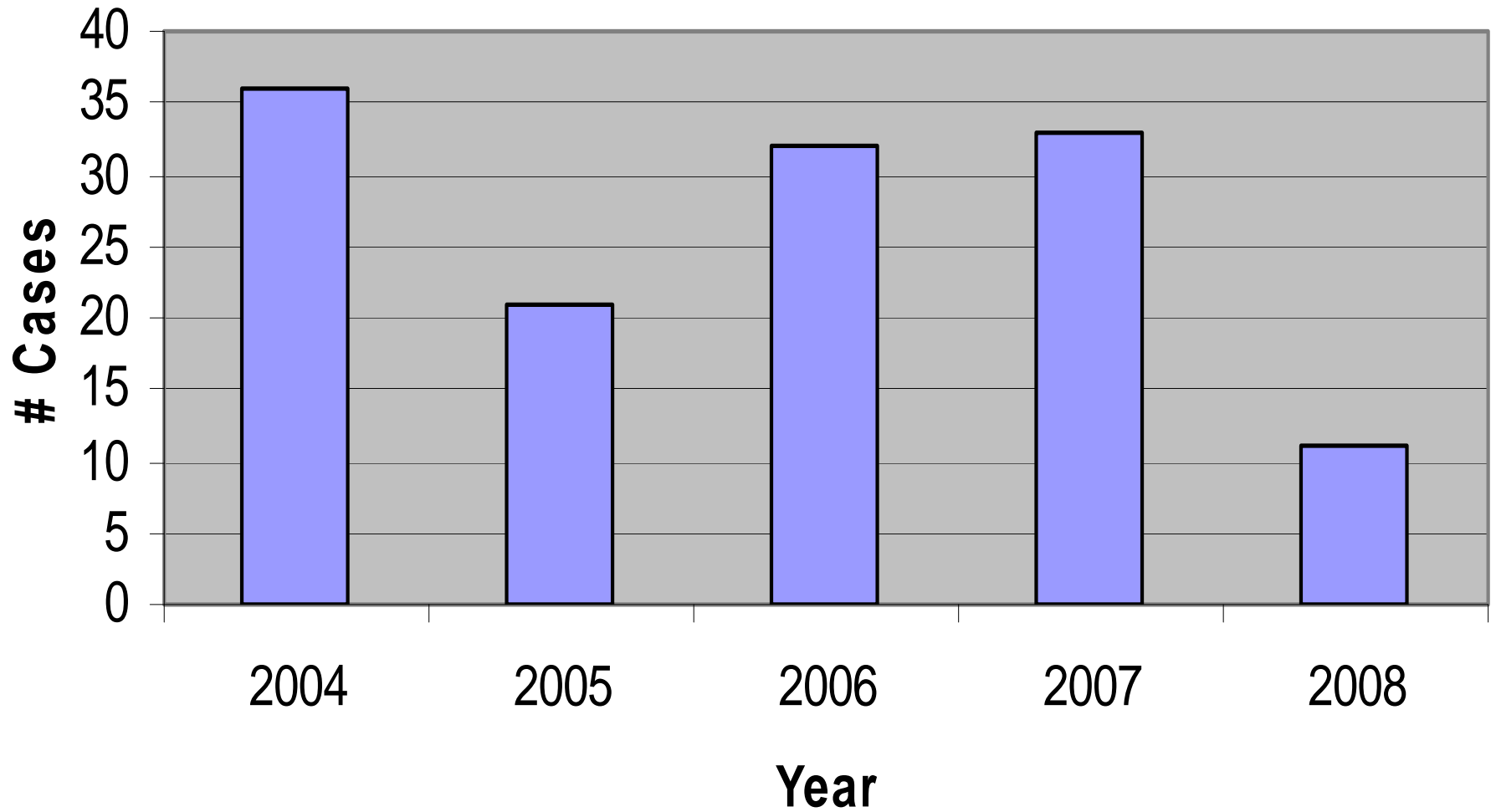
- Genetic factors
- Socio-economic environment
 - Stressful exposures during childhood
- Developmental processes in adolescence
- Mental Illness

- *Addiction is not simply about making a bad choice*

Harms Associated with Illicit Drug Use

- Health related harms
 - HIV, hepatitis C
 - Overdose
 - Abscesses
 - Bloodstream infections
 - Other physical
- Societal harms
 - Acquisitive crimes
 - Open drug use

New HIV Cases Among IDU, VIHA



What is Harm Reduction?

- A pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks.
- (Harm Reduction: A British Columbia Community Guide, Ministry of Health 2005)

Types of Harm Reduction

- **Harm reduction practices are entrenched in our society in many ways, including:**
 - Seat belts and airbags to prevent injury and death from occurring while using motor vehicles,
 - Helmets for cycling, skateboarding, skiing, snowboarding,
 - Use of condoms to prevent sexually transmitted infections and unwanted pregnancy

Harm Reduction & legal drug use

- **Harm reduction is effective for reducing harms from the use of legal drugs:**
 - Campaigns to reduce drinking and driving
 - Smoking restrictions to reduce the harms associated with second-hand smoke
 - Nicotine replacement for smoking
 - Plastic (rather than glass) mugs in drinking establishments

Harm Reduction & illegal drug use

- **Harm reduction is effective for reducing harms from the use of illegal drugs**
 - Needle Exchange Programs to prevent HIV, Hepatitis C and other infections
 - Methadone Maintenance Treatment to stabilize the individual and prevent injection-related harms (e.g. infections, overdoses)
 - Supervised consumption to prevent overdose deaths, HIV, HCV and other infections
 - Education and Outreach
 - Crack pipe distribution to prevent the spread of disease

Does harm reduction promote drug use?

- Harm reduction focuses on those who are unable or unwilling to stop use
- Harm reduction is not incompatible with abstinence
- Research shows that harm reduction activities do not encourage substance use

Needle Exchange Program

- Services at a needle exchange program:
 - Distribution of clean harm reduction (HR) supplies
 - Recovery of used HR supplies
 - Education on safe use practices
 - Engaging clients and linking them to other services:
Counselling; treatment
- Different types of Needle Exchange Programs:
 - Fixed sites – primary purpose as described above
 - Mobile – may be by vehicle, bike, or foot
 - Secondary site – primary purpose is another service (e.g health or social service) but will also provide HR supplies

Needle Exchange

- The evidence regarding the efficacy of needle exchange for communicable disease control is graded class A

(Strathdee & Vlahov, 2001; Gibson, et al., 2002; Wodak & Cooney, 2006; Kerr & Wood 2007)

- Needle Exchange is an internationally established best practice, endorsed by:

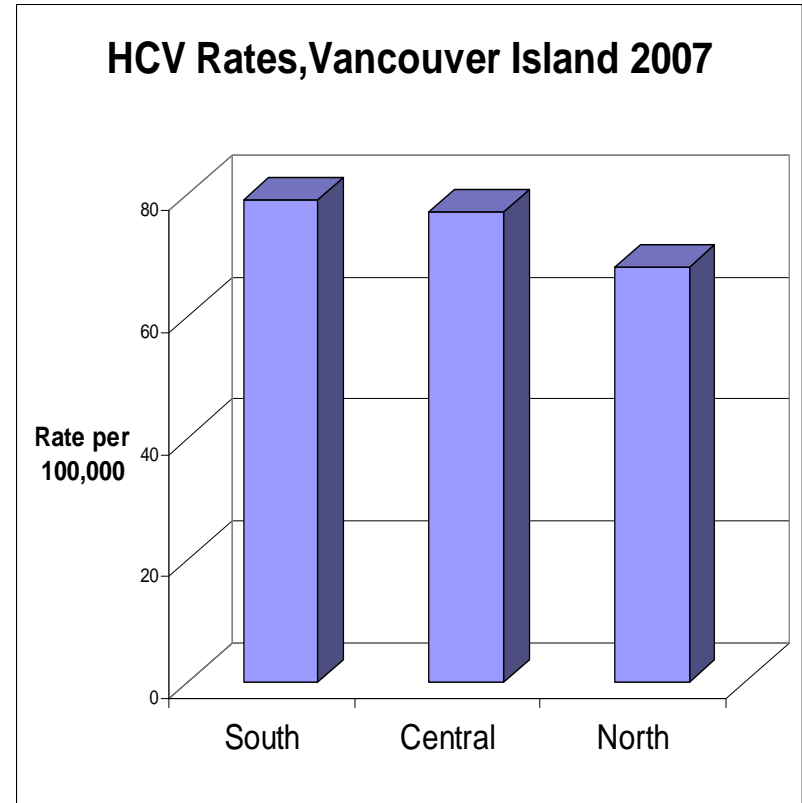
World Health Organization / International Narcotics Control Board / Joint United Nations Program on HIV/AIDS (UNAIDS) / U.N. Office of Drugs and Crime / U.S. National Institutes of Health Consensus Panel / U.S. National Research Counsel / American Public Health Association / American Medical Association / U.S. National Academy of Sciences / U.S. Institute of Medicine / Ministry of Health, France / Australian National Council on Drugs / Swiss Federal Health Office / National Drug Office, Spain / United Kingdom National Pharmaceutical Association / Dutch Ministry of Welfare, Health and Cultural Affairs / U.S. Surgeon General

Provincial Harm Reduction Supplies Committee

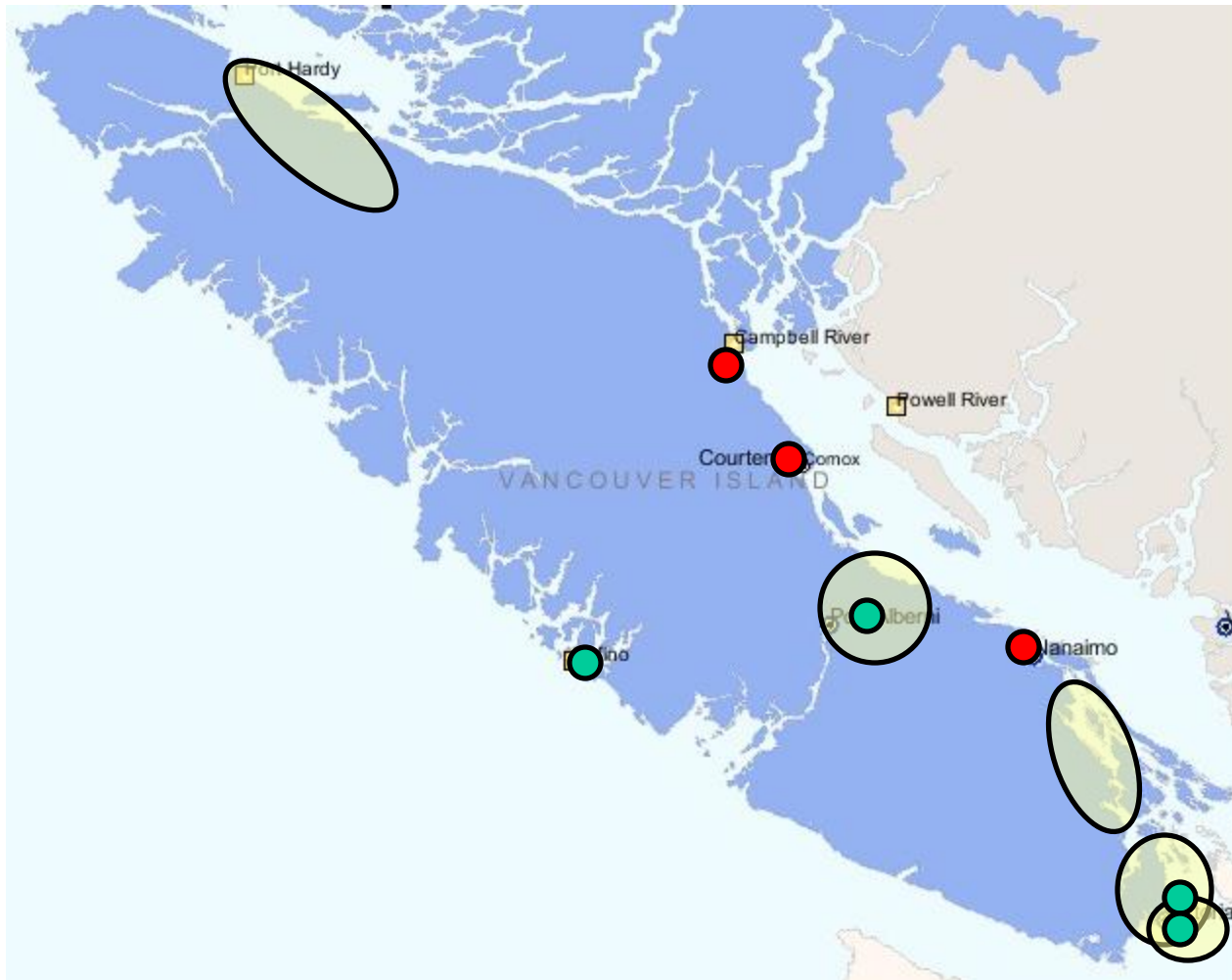
- The BC Centre for Disease Control's Harm Reduction Supplies Program distributes harm reduction supplies across BC at no cost to recipients.
- Current supplies for distribution from the provincial inventory include: needles and syringes, alcohol swabs, water vials, lubrication, condoms, pushsticks & mouthpieces.
- Program is informed by the Harm Reduction Supply Services Committee—composed of public health representatives from all BC health authorities and the Ministry of Health
- Committee makes recommendations on the types of supplies to distribute based on evidence and best practices

Need for HR Services on Vancouver Island

- Communities throughout Vancouver Island have:
 - Illicit drug use
 - Populations at risk
 - Reported HIV / HCV cases



Needle Exchange Programs (NEP) on Vancouver Island



● Fixed site NEP

● Secondary site

○ Mobile distribution

Needle Exchange Programs in CRD

- Funded agencies
 - AVI – mobile in Victoria (fixed site)
 - SOLID – foot-based in Victoria
 - VARCS – mobile other municipalities
 - PEERS – mobile targetted at STW
- VIHA
 - Cook St. Health Unit – CD service
 - Street Nurses
 - ACT teams
- Other secondary
 - Cool Aid

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History of Harm Reduction in Victoria

- 1988 first NEP – foot, then Johnson St., Commercial Alley
- Early 90s satellite NEP at Cook St. address
- 2001 NEP opens on Cormorant Street
- 2003 City of Victoria Downtown Action Plan
- 2004 City of Victoria 4 pillars approach
- 2004 Mobile NEP started–throughout CRD
- 2005 City of Victoria Harm Reduction Document
- 2006 VIHA Strategic Direction Document
- 2007 Two peer groups add mobile NEP in Victoria
- 2007 Review of Cormorant St. NEP
- 2008 Cormorant St. closed; AVI mobile starts

NEP = needle exchange program

City of Victoria: April 2004

- Harm Reduction Policy Framework
 - Four Interdependent Pillars
 - Prevention
 - Treatment
 - Housing and Supports
 - Enforcement

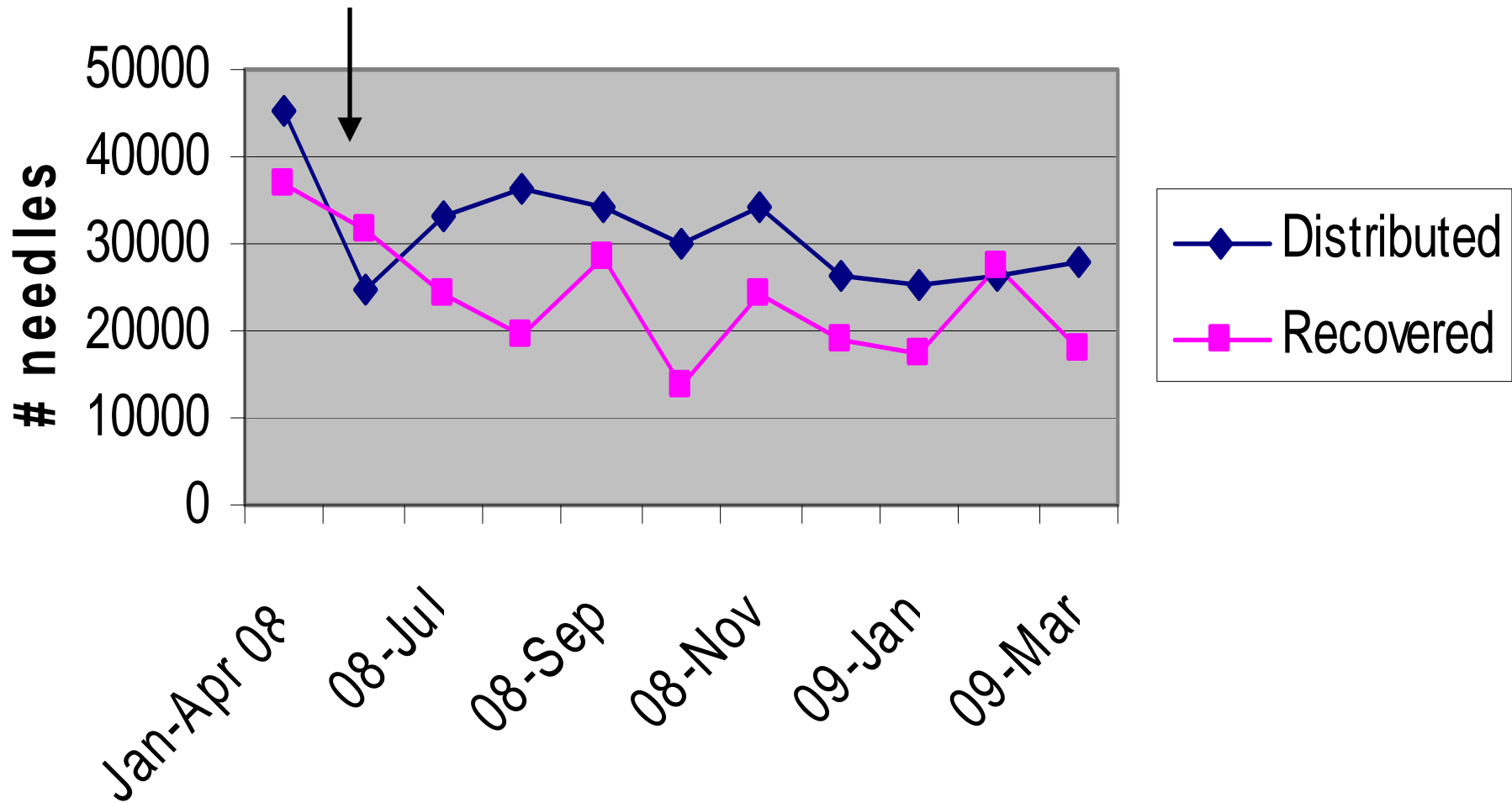
Public Health Survey

- Random sample of 500 CRD residents
- Phone survey conducted through BC Stats,
- July/August 2008
- Gauged support for a variety of Public Health programs
- Support harm reduction strategies: 71%
- Support needle exchange programs: 69%

Factors associated with disorder at Cormorant Street

- Increased homelessness, addiction & case load
- Staff ratio
- Ancillary services offered at site
- Lack of other evening social support services
- Change in drug use patterns
- Clients not engaged / not feeling responsible

Needle Distribution and Recovery by Month, South VIHA



Positive changes in past 2 years

- Increased collaboration:
 - VIHA & Service Providers monthly meetings
 - City of Victoria, Victoria Police, AVI, VIHA monthly meetings
 - VIHA Needle Exchange Advisory Committee
- Other changes:
 - ACT and VICOT teams in place
 - 400 + people housed

VIHA NEP Advisory Committee

Membership

- Neighbourhood associations
- Downtown churches
- Downtown schools
- Downtown residents
- Downtown businesses
- City of Victoria
- Victoria Police
- Service provider agencies
- VIHA

Mandate

- provide input and feedback on issues related to:
 - policy
 - program development
 - delivery of health and social services by needle exchange programs.
- endeavor to address the needs and concerns of both the community and service users.

NEP Advisory Committee

Recommendations for a fixed site:

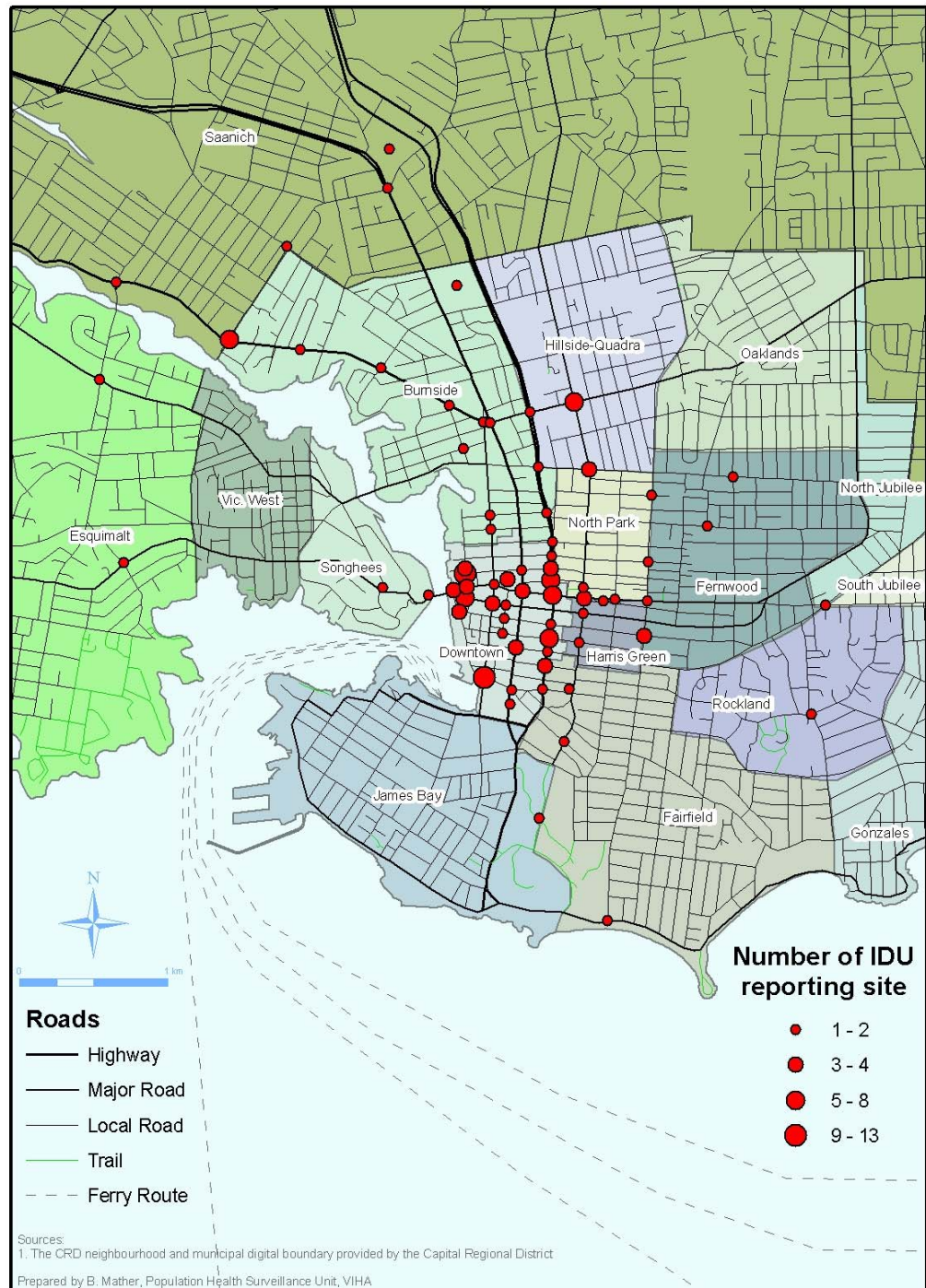
- resourced for safety and security
- evaluation pre & post impact assessment
- complaints process be put into place
- Code of Conduct
- Good Neighbour Agreement
- evening drop-in needs to be provided by other agency
- not near a school/ playground/daycare.

Steps to Prevent Public Disorder Associated with a Fixed Site

- Staffing ratio must be appropriate
- Consistent staff training/standard of practice
- Operate as a health service first & foremost
- Client advisory committee to be in place
- Code of conduct to be in place
- Good neighbour agreement to be developed
- Maintain good working relations with police

Specific locations where injections most often occur.

From I-Track Study, Phase II, 2006.



Enhancing Distributed Model in CRD

- Must be based on demonstrated need, appropriate location/service mix:
 - Establish new fixed site in Victoria
 - Maintain mobile exchange – vehicles and foot
 - Integrate with Homelessness Coalition's strategy
 - Additional secondary sites
 - Other VIHA facilities?
 - Other agencies?
 - Vending machines?
 - Additional funded sites–next RFP cycle – depending on available funding
 - Varied collection mechanisms

Crack Smoking



- Solid smokeable form of cocaine
- Trend:
 - ↑ crack smoking
 - ↓ cocaine injection?
- Marginalized group
 - Often no interaction with health or addictions staff
 - Sharing of pipes

Makeshift Crack Pipe Photos

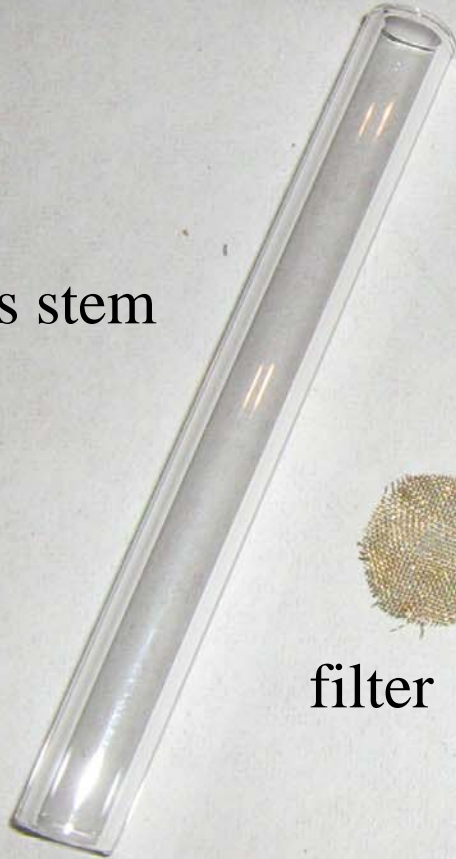


Crack Use Harms

- Chronic cuts, wounds, blisters, burns and open sores on lips
- Hepatitis C
- Very marginalized
- Other diseases (e.g tuberculosis)

Implements for Safer Crack Use

Glass stem



filter

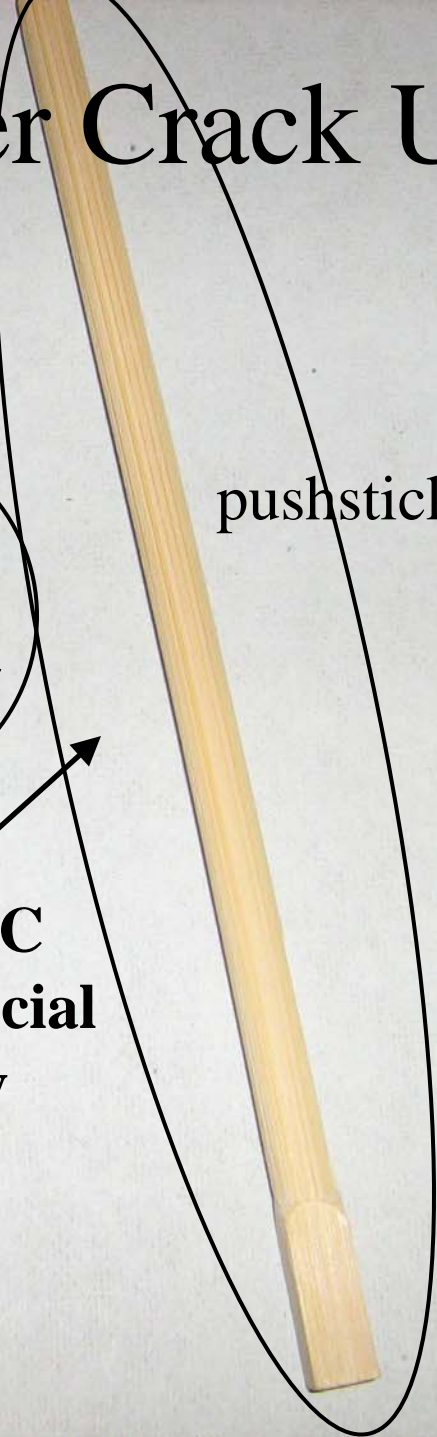


mouthpiece



**BCCDC
Provincial
Supply**

pushstick



“Pushsticks” and “Mouthpieces” in Local Stores



Steps Council Can Take re: HR

- Reaffirm commitment to City of Victoria Harm Reduction Policy
- Support establishment of fixed site in City
- Support distributed approach through additional secondary and continued mobile exchange
- Support needle recovery efforts
- Support “HR action plan” identified in *Coalition to End Homelessness* annual report
- Support distribution of expanded provincial HR supplies – currently pushsticks and mouthpieces