

Harm Reduction in Central Vancouver Island

**Briefing for Mayor and Council
City of Nanaimo**

April 26, 2010

Dr. L. M. Medd

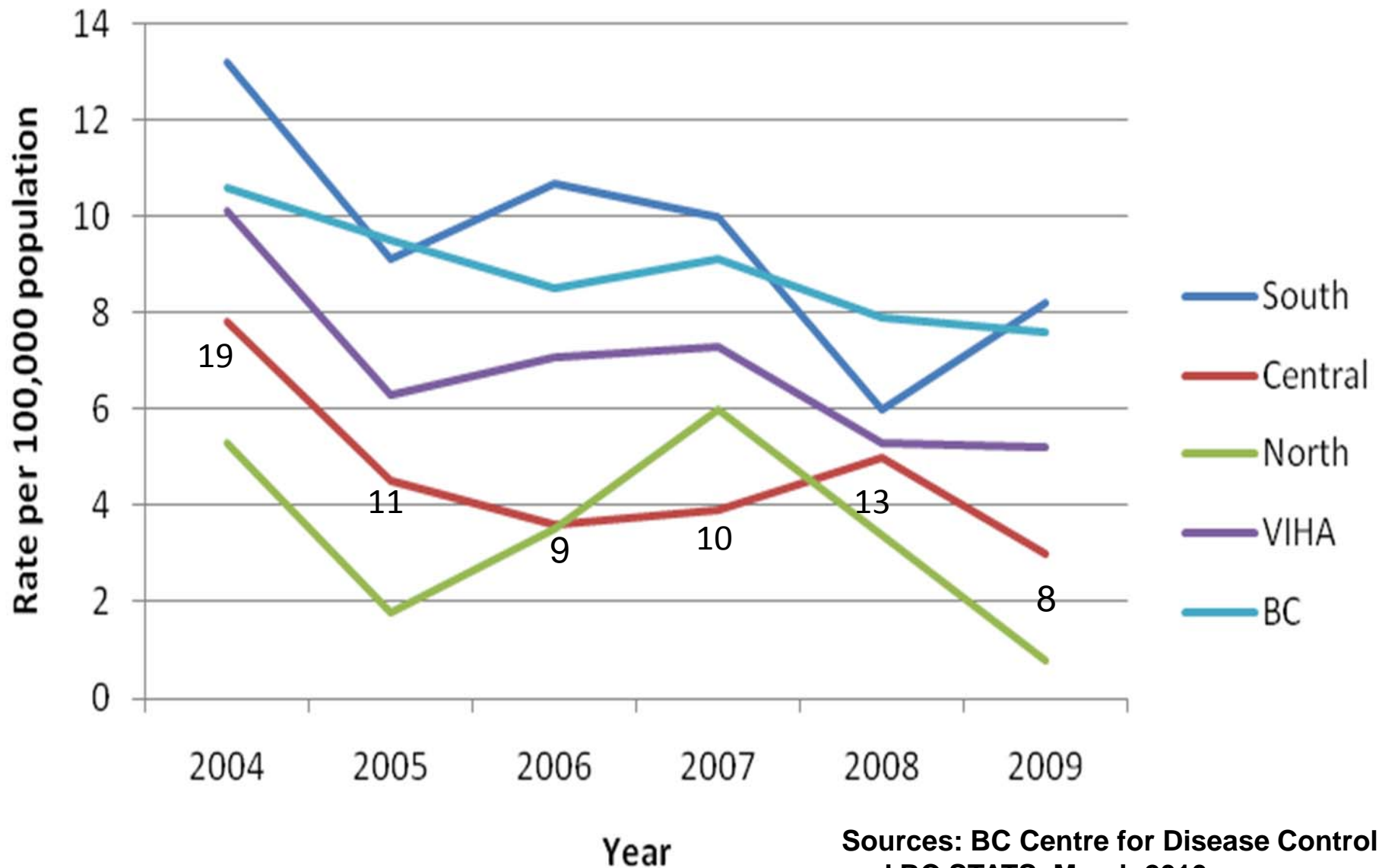
Medical Health Officer

**Vancouver Island Health
Authority**

Determinants of Addiction

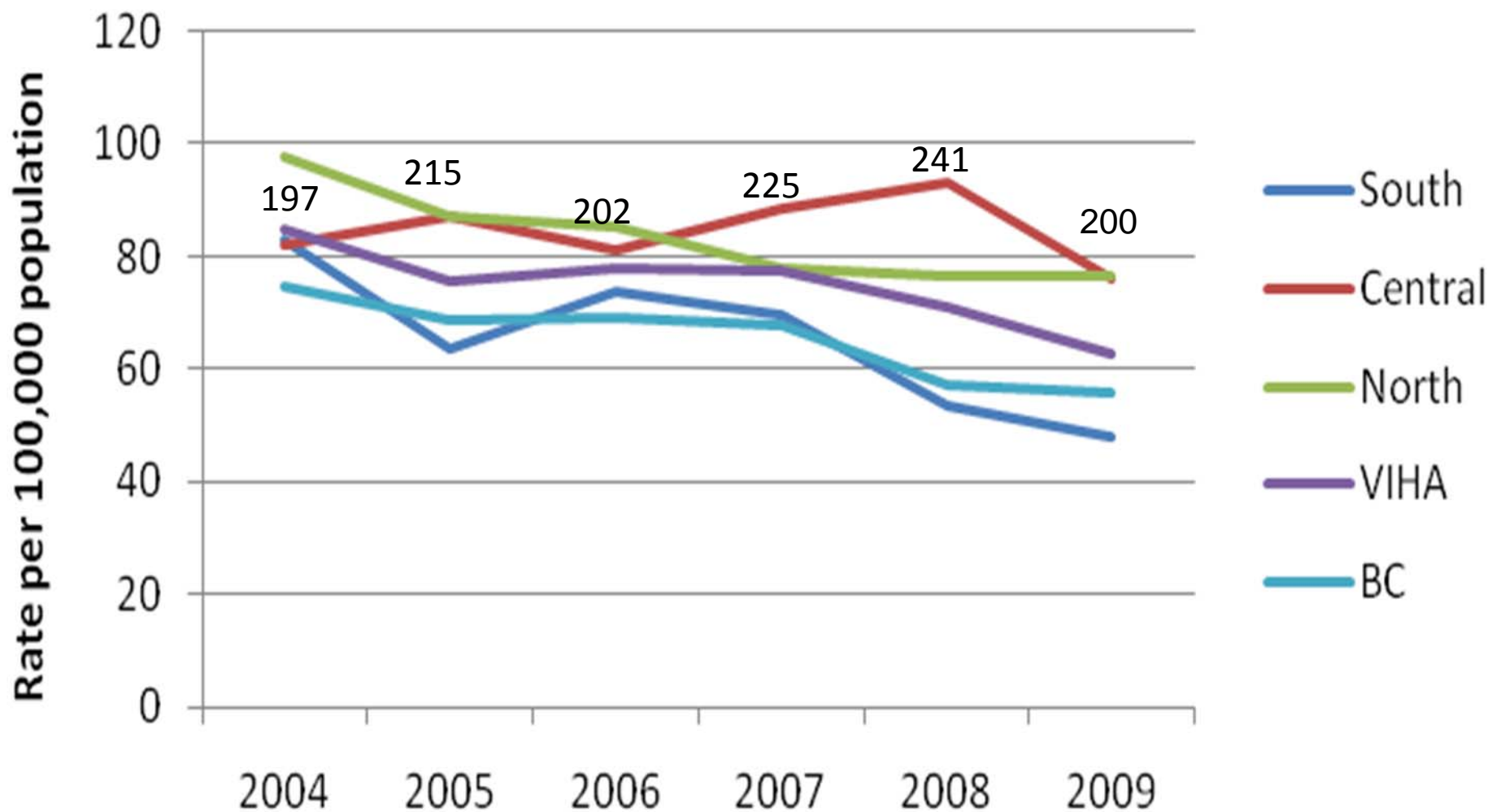
- Genetic factors
- Socio-economic environment
- Stressful exposures during childhood
- Developmental processes in adolescence
- Mental Illness
- *Addiction is not simply about making a bad choice*

HIV Rates in VIHA and BC, 2004-2009



Sources: BC Centre for Disease Control and BC STATS, March 2010.
Rates for 2009 are preliminary.

Hepatitis C Rates in VIHA and BC, 2004-2009



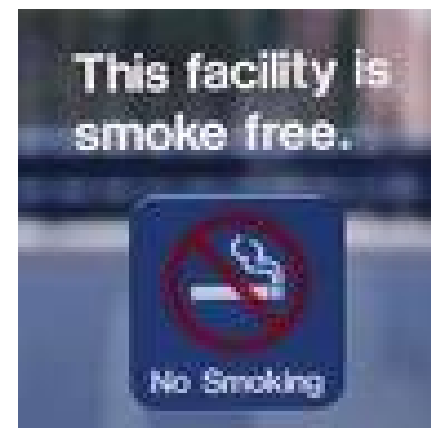
Sources: BC Centre for Disease Control and BC STATS, March 2010.

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Harm Reduction

- Prevents illness; saves lives
- Reduces risk to the health of others in the community
- Brings marginalized people back into society; links them into the health care system
- Lowers health costs
- Recognizes the behaviour may continue
- (From Harm Reduction: A British Columbia Community Guide, Ministry of Health 2005)

Commonly Accepted Harm Reduction Responses

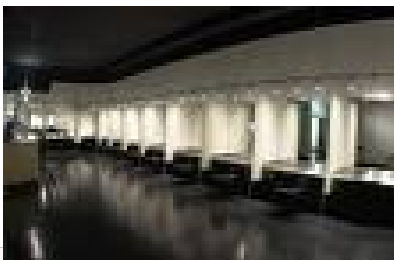


Preventing Harms from Drug Use



Needle exchange programs to reduce the spread of HIV, hepatitis C and other blood borne pathogens.

Methadone maintenance programs to reduce dependence on drugs such as heroin.



Supervised consumption services to reduce drug overdoses and prevent diseases.

Does Harm Reduction Promote Drug Use?

- Connects with those who are unable or unwilling to stop use
- Compatible with abstinence
- Harm reduction activities do not encourage substance use

Provincial (BCCDC) Harm Reduction Supplies Committee

- Distributes harm reduction supplies: across BC at no cost to recipients
- Current supplies include: needles and syringes, alcohol swabs, water vials, lubrication and condoms, pushsticks filters and mouthpieces
- Committee membership: public health representatives from all BC health authorities and the Ministry of Health
- Committee: makes recommendations on types of supplies to distribute **based on evidence and best practices**

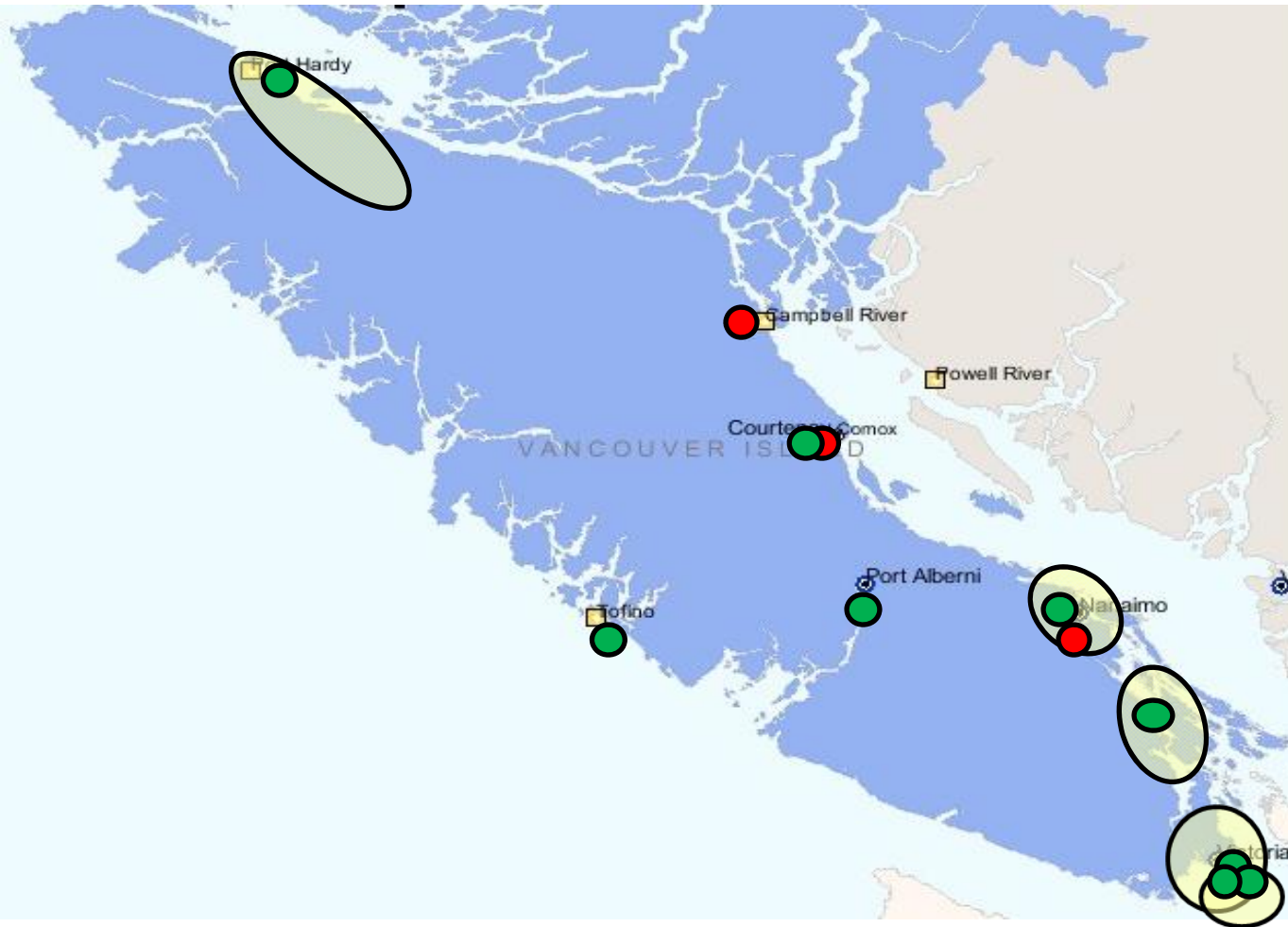
Profile of People who Inject Drugs Central Vancouver Island

Health Canada *I-track Study* in 2008 found that:

- 5% were HIV positive;
- 72% were hepatitis C positive (compare to 12% and 72% in Victoria 2006)
- Many users shared syringes/smoking supplies because they didn't have new ones
- Most people use multiple substances including heroin, cocaine and crack.



Needle Exchange Programs (NEP) on Vancouver Island



● Fixed site NEP

● Secondary site

○ Mobile distribution

VIHA's Distributed Model of Harm Reduction

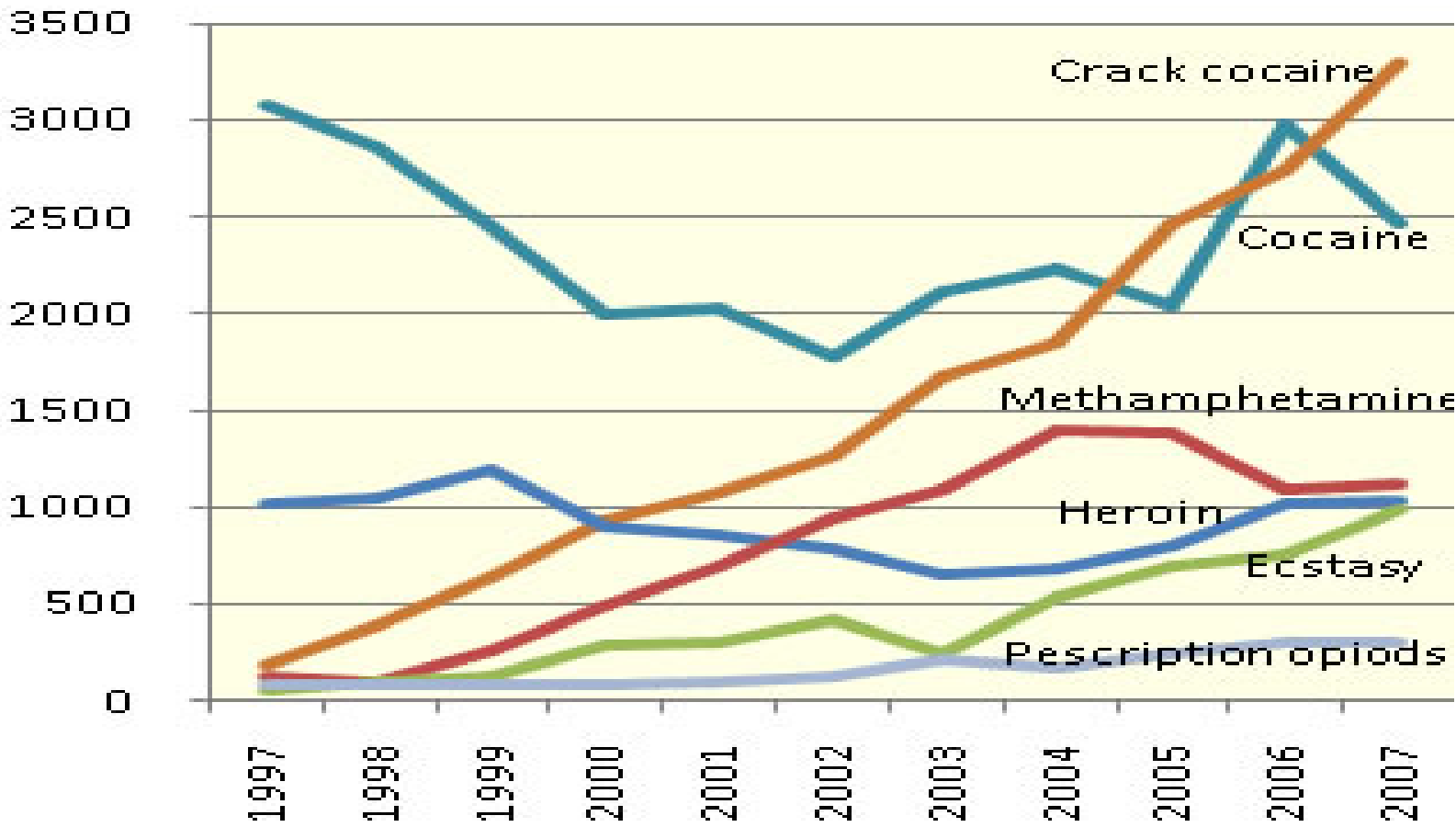
- Announced November 2009
- Access to harm reduction supplies in all VIHA facilities
- Feasibility study underway:
 - Clients served, staffing and hours worked,
 - Location
- Expect implementation spring 2010

Crack Cocaine Smoking



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

Changing Patterns of Illicit Drug Use in BC



Changing Patterns of Crack Use

- Increasingly prevalent in Canada
- Crack smokers have increased risk for infectious disease:
HIV, Hepatitis C, TB, sexually transmitted infections
- No gold-standard treatment available: need effective harm reduction interventions that target the specific needs and characteristics of crack smokers
- Safer crack supplies distribution –increasing harms of crack cocaine with few tools available to address growing concerns

Makeshift Crack Pipes



Harm from Crack Smoking

- Blisters, sores and cuts on lips/mouth
- From contact with hot smoke, hot glass, metal pipe stems, steel wool filters, sharp edges of glass pipe stems
- Sores caused by crack smoking may support oral transmission of blood-borne infections
- Crack pipe stems are frequently shared
- High-risk blood exposure through burned, blistered or cut lips

Pushsticks and Mouthpieces in Local Stores



Engagement With Users

- Finding opportunities for engagement is key
- Marginalized populations tend not to want contact with the health care system; immediate access to treatment not an option
- Engage → link to health services → foster trust
- Greater potential for accessing treatment

Recent Developments in Nanaimo

- City of Nanaimo Housing First strategy;
- Community Policing approach
- Homeless Outreach team; crisis response
- Assertive Community Treatment (ACT) team
- Clearview Detox
- Harris House Clinic (NARSF)
- Coordination of services; intersectoral collaboration
 - e.g. Balmoral Hotel
 - e.g. MOU (Nanaimo, VIHA)

Safer Smoking Use Supplies and the Criminal Code

- Position of the government of British Columbia
 - Crack pipes are ‘devices’ as defined in the Food and Drugs Act
 - **Not** instruments for illicit drug use as prohibited by the Criminal Code
 - Safer crack use supplies are distributed for the purpose of preventing the spread of disease