Northwest ATTC presents:

Harm Reduction Service Use and Delivery: Lessons Learned from Vancouver, Canada

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Harm Reduction Service Use and Delivery: Lessons Learned from Vancouver, Canada

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I acknowledge and respect the Coast Salish people of this land, the land which touches the shared waters of all tribes and bands within the Duwamish, Suquamish, Tulalip and Muckleshoot Nations.

Source: https://native-land.ca/
AGENDA

1. Defining harm reduction
2. Lessons learned from safe consumption sites in Vancouver, Canada
3. Recent harm reduction service changes
4. Lessons learned from community-engaged research in Vancouver, Canada
5. Future directions
Figure 1. National Drug-Involved Overdose Deaths*
Number Among All Ages, by Gender, 1999-2019

*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

https://harmreduction.org/about-us/principles-of-harm-reduction/
HARM REDUCTION SERVICES

- Supervised consumption sites
- Needle and syringe programs
- Non-abstinence-based housing and employment
- Drug checking
- Overdose reversal
- Psychosocial support
- Provision of information on safer drug use

https://harmreduction.org/about-us/principles-of-harm-reduction/
GOALS OF HARM REDUCTION

- Keep people alive and encourage positive change in their lives
- Reduce the harms of drug laws and policy
- Offer alternatives to approaches that seek to prevent or end drug use

https://www.hri.global/what-is-harm-reduction
A supervised consumption site (SCS) is a service intended to prevent fatal overdose and other substance-related harms by providing a safe and inviting space in which people who use drugs can do so under the supervision of the trained medical professional.

- 120 sites operating globally, no overdose deaths
IMPACT OF SCS

- Increase referrals to drug treatment and other health services
- Minimize the risk of HIV, hepatitis C, and hepatitis B transmission
- Minimize public drug use
- Improve public order and improperly disposed syringes
- Do not increase crime or encourage new use

(Potier et al., 2014; Kral et al., 2020; Kennedy et al., 2017; Davidson et al., 2021)
SCS DEVELOPMENTS IN THE US

> No legally sanctioned SCSs in the United States

  – Unsanctioned site, undisclosed location, operating for 5 years (Kral et al., 2020)
    > >10,000 injections, 33 opioid overdoses, 0 9-1-1 calls

  – July 2021: Rhode Island became the first state in the nation to authorize a two-year pilot program to establish "harm reduction centers" where people can consume pre-obtained substances under the supervision of trained staff

> Documented local need in King County (Klein et al, 2020)
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INSITE: NORTH AMERICA’S FIRST SCS

> Opened in 2003
> Significant opposition with 3 legal challenges
> Started as a pilot

> What helped:
  – Crisis framework
  – Substantial evidence
  – Buy-in from local stakeholders

(Young & Fairbairn, 2018; Boyd 2013; Hathaway and Tousaw, 2008)
• Costs: If Insite closed HIV infections would be expected to increase from 179.3 to 262.8 annually

• $17.6 million in life-time HIV-related medical care costs

• Greatly exceeding Insite’s operating costs, $3 million annually (Pinkerton, 2009)
FOUR TIPS FOR SCS IMPLEMENTATION

1. Conduct a needs/feasibility assessment
2. Determine the ideal SCS type for the setting
3. Establish a staffing structure
4. Create and implement policies and procedures

(Young & Fairbairn, 2018)
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COVID-19 RELATED SERVICE CHANGES AND OPPORTUNITIES

> **Service disruptions:**
  > Decreased hours, more limited services (especially reduced HIV/HCV testing), mobile equipment delivery in syringe service programs (Bartholomew et al., 2020)
  > Similar trends in HIV service provision (Beima-Sofie et al., 2020)

> **Service expansions:**
  > Telemedicine options for prescription of OAT, take-away doses and deliveries (Mongan et al., 2021)
COVID-19 RELATED SERVICE CHANGES FOR SCSs

- Screening
- Exclusion criteria
- Physical distancing
- Site changes: registration area, injecting area, aftercare area
- Overdose response
- COVID-19 tracking and testing

(Roxburgh et al., 2021)
OPS INHALATION TENT STUDY

- Mixed methods study of the barriers and facilitators to OPS implementation
  - Surveys administered to people using OPS in November-December 2020 (n=200)
  - 10-15 interviews with OPS staff in June-July 2021
  - OPS visit logs Feb-April 2020, Feb-April 2021
VIRTUAL OVERDOSE RESPONSE

BeSafe App by Brave Technology Co-op

Canary App:
iOis | 24/7 | Private
Automated

Never Use Alone:
1-800-484-3731
Phone-based | 24/7 | Confidential
Live support
SENSORS FOR OVERDOSE RESPONSE

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Lessons learned from community-engaged research in Vancouver’s Downtown Eastside:

1. Design matters
2. Peer work is essential
3. Communicating findings back with the community is key

RESEARCH 101
A Manifesto for Ethical Research in the Downtown Eastside
MULTI METHOD

• Vancouver Drug User Study;
• AIDS Care Cohort to Evaluate Access to Survival Services, (total n=1479)

• Semi-structured in-depth individual interviews with 22 peer employees (PWUD) in Vancouver from the Overdose Prevention Site

Images obtained from: www.bccsu.ca/
INCOME AND SECURITY VIA LOW-BARRIER EMPLOYMENT

Experiences of low-barrier employment

Stability and security
EXPERIENCES OF LOW-BARRIER EMPLOYMENT

- **Pride in meaningful work**

  “Yeah, it makes a difference in my life by giving back, right? A lot of people see and notice it. They say, “Good job,” or whatever... I’ve never really had that before.”

  - Male, 21 years old

- **Flexible employment model**

- **De-escalation, empathy, and communication skills**

  “It’s been night and day. I bite my tongue more, and listen, instead of getting agitated and yelling, right? Before I’d start throwing punches and now I just sort of talk it out.”

  - Male, 44 years old
STABILITY AND SECURITY

• Dependable and safe income
  – Sufficiency
  – Getting paid right away
  – Regular income
  – Income without risk

  “Before, I’d have to go get metal bottles or do a job and be sick the whole day.”

  Male, 21 years old

• Security and access to housing, food
'Let's remember where we are. This place is important. Our community has endured a crisis, and so many of us, instead of being bystanders, chose to respond. One of the responses is this place, the original overdose prevention site. The response of this site gave decision-makers a direction and a model to copy. Now there are sites across the city of Vancouver, across the province of British Columbia, across Canada, and increasingly around the world. And the world has watched us. People from around the world have come to ask us how they can also transform their communities, who are also in crisis. Frontline workers, healthcare professionals, politicians, and media members from across the country and around the world have visited us to bear witness to how we care for our community and to share in our wisdom. So we remind ourselves each week that our efforts are so important. We keep our community safe, we keep our loved ones alive, and in sharing our compassion and wisdom we become world-changers, each of us here. So keep your standards high, because you're a world-changer. Care for and support your team because they are world-changers. Know that you are valued, and together we say ‘thank you’ for all the important world-changing work you do day-in and day-out. Thank you.'
Peer workers are central to overdose epidemic

Distribution of harm reduction supplies, witnessing drug use, responding to potential overdose, making referrals, engaging in advocacy or research, doing outreach, and patient navigation (Marshall et al., 2015)

Increasing reliance on peers for delivering essential interventions

Task-shifting leading to precarity and burden (Kennedy et al., 2019; Olding et al., 2020).
Peers are frontline workers exposed to workplace stressors and emotional labor (Kennedy et al., 2019; Olding et al., 2020) while facing structural vulnerability (Richardson et al., 2013, Richardson et al., 2016). Scarcity of permanent full-time positions leads peer workers to describe feeling that their labor is devalued and a source of burnout (Olding et al., 2020).
BENEFITS OF PEER WORK

- Develop skills
- Make social connections
- Earn income (Kennedy et al., 2019)
- Sense of pride, belonging, and purpose (Pauly et al., 2021)
Lindsey Richardson and Jenna van Draanen: Addressing overdoses means addressing the systemic issues that increase overdose risk.

How to stop overdoses? Prevent them to begin with.
SURVEILLANCE CONCERNS AND OPPORTUNITIES:
USING TECHNOLOGY DEVICES FOR OVERDOSE DETECTION

HOW PUBLIC HEALTH ORGANIZATIONS TALK ABOUT CANNABIS ON TWITTER

RESEARCH METHODS

- 18%
- 10%
- 14%
- 16%
- 6%
- 8%
- 10%
- 7%
- 8%
- 10%
- 17%
- 17%
- 16%
- 560
- 41,500
- 13

KEY FINDINGS: INCIDENCE AND OVERDOSIS

1. The 15 months in the methods, 15 states analyzed at least one version of both personal and system-level
2. Significant overdose trends were identified. This public health measure of overdose was associated with higher
3. Several subgroups were identified that varied over time by social determinants of health.

POLICY IMPLICATIONS

1. The findings suggest that overdose prevention programs should be
2. The findings highlight the need for continued monitoring and evaluation of overdose prevention programs.
3. The findings support the need for continued research on the effectiveness and scalability of overdose prevention programs.
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FUTURE DIRECTIONS

1. Expand and protect 911 good samaritan laws.
2. Expand community-based naloxone access and distribution.
3. Improve drug checking, surveillance and data collection and make them more widely accessible.
4. Expand Opioid Agonist Treatment (OAT)
5. Authorize supervised consumption sites (SCS) on the state and local level.
6. Pilot injectable opioid treatment as an option for some people with chronic heroin use disorder.

https://drugpolicy.org/issues/supervised-consumption-services
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Thank you!