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555 rue Richmond Street West/Ouest
Suite/bureau 505
Toronto, Ontario M5V 3B1
Phone/tél: 1-800-263-1638 or/ou
(416) 203-7122
Fax/télé: (416) 203-8284

Programming Connection Case Study Package / Trousse d'étude de cas diffusée dans Connectons nos programmes

Materials from: the Overdose Prevention Project

A program of:
Streetworks
10116-105 Ave.
Edmonton, Alberta T5H 0K2
www.streetworks.ca

This document was assembled and uploaded to the Programming Connection in October, 2010.

For more information on Overdose Prevention Project, read the Case Study in CATIE's Programming Connection at www2.catie.ca/en/pc.

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Documents sur : le Projet prévention overdose

Un programme de :
Streetworks
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La présente documentation a été assemblée et téléchargée dans Connectons nos programmes en octobre, 2010.

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Drug Education and Overdose Prevention Project
August 2004
Streetworks - Edmonton

Introduction

Streetworks is currently a comprehensive and integrated HIV/AIDS/Hepatitis C prevention program, which utilizes harm reduction, health promotion and primary health care strategies. The mission of the program is “People who use injection drugs and/or work in the sex trade will have the harm reduction resources they need to be safe and healthy.” The goal of the program, at the front-line level, is to provide or enhance the skills, knowledge, resources and support people need to lead safer and healthier lives.

The program has a Council of high-level representation from 9 agencies, with the Executive Director of HIV Edmonton currently as Chair. Other Council members include the Boyle Street Co-op, the Boyle McCauley Health Centre, Catholic Social Services, Edmonton Police Service, the Northern HIV Clinic, AADAC, CHA (both Primary Care Services and Regional Public Health). The Council is responsible for policy-making, lobbying, consultation, and program direction. The program manager is responsible to the Council, and works most directly with the Chair. The program staff and the program manager operate as a team. Streetworks is not an incorporated agency.

Streetworks’ current programs include the following:

- needle exchange & tool provision
- nursing services
- natural helpers
- advocacy
- health education
- referrals
- pharmacy & business program
- support for persons living with HIV
- ride-along program
- research and evaluation

Streetworks’ geographical boundary is Edmonton; although there are high activity areas throughout the city, services are concentrated in the urban core due to high need and limited resources. A complete program description is included as appendix A.

Streetworks serves street involved individuals who are injection drug users (IDUs) along with sexual partners and social networks, as well as individuals involved in the sex trade. In 2003, there were 22,269 visits and 834,354 needles exchanged. Characteristics of the population include: high level of alienation from mainstream resources, high unemployment, homelessness, involvement in illegal activities, involvement with the criminal justice system, strong attachment to non-traditional social networks, and generally less than optimal health. The following table identifies gender, age and race percentages for the time period of January to December 2003:

<u>Gender</u>		<u>Age</u>		<u>Race</u>	
Male	61.1%	Teens	4.5%	Native	55.1%
Female	37.7%	Twenties	21.9%	Caucasian	41.9%
Transgender	1.2%	Thirties	39.8%	Other	2.3%
		Forties	24.4%		
		Fifties+	9.4%		

For the past 14 years, Streetworks has been the only needle exchange program available to the residents of Edmonton. It runs out of 6 locations and operates a van for evening outreach work.

There are 4 staff (2 nurses, & 2 outreach workers) in the core program, which is funded through the Alberta Community HIV Fund (ACHF) with a contribution for supplies by Capital Health Authority.

The work of Streetworks is guided by the following determinants of health:

Income and Social Status – Through “Natural Helpers”, people gain new skills, respect, and increased self-esteem, as well as a small amount of money. Through working with mainstream service providers and doing presentations to professionals and students, there is a positive impact upon the image of IDUs and sex trade workers and decrease in stigmatization. Natural Helpers learn marketable skills, or learn things which spark a curiosity for learning more.

Personal Health Practices and Coping Skills – Streetworks strives to assist an individual attain their optimal level of health. Through harm reduction and primary health care strategies, people care more about themselves, are less chaotic, and are able to enhance their own good health practices.

Health Services – The successful delivery of nursing and allied health services, demonstrates the effectiveness of flexible, outreach-based services of the Streetworks program.

Culture – The program strives to remain appropriate while working within both the Aboriginal community and the street-involved culture.

Streetworks has also played a major role in educating professionals and the general public through presentations, conferences and media opportunities. Streetworks is an active member of the Alberta Community Council on HIV (ACCH) and the provincial Non-Prescription Needle Use (NPNU) Project.

In deliberation with consultants in 1996-1997, Streetworks identified seven major outcome areas it expects to attain. At present, these outcomes include:

- Target population reached
- Target population cares about own health
- Target population cares about safety
- Target population gets involved in program goals
- Increased number of community agencies accept collateral responsibility for program
- Community agency responsiveness
- Community adopts safer practices

Need/Gap/Rationale Streetworks is Edmonton’s Harm Reduction/needle exchange program and has been in existence since 1990, operating in Edmonton’s downtown core. Streetworks has played a major role in the research conducted on IDUs through the Centre for Health Promotion Studies, headed by Dr. Cameron Wild. In the study entitled “Injection Drug Use in Edmonton’s Inner City: A Multimethod Study”, significant findings included the complexity of health issues, the role of polydrug use, the cultural nuances for this target population and the role of the Streetworks program in people’s ability to prevent blood borne pathogens. The data at the CHPS site includes quotations about overdose experiences which will inform pieces of this project. The full report is available online at www.chps.ualberta.ca/publications/reports/reports.htm, and the summary is attached as Appendix B. Streetworks is also involved in the national OPICAN : Multi-site cohort Study of Untreated Illicit Opiate Users in Canada (Benedikt Fischer, PhD), which includes OD information. It demonstrates that the range for overdoses over the 6 months prior to interview to be between 12.8-20.6% nationally (appendix C). Another study Streetworks was involved in through Capital Health HIF evaluation demonstrated that connection with the Streetworks program decreased the number of ambulance calls, decreased the number of days spent in acute care beds and increased the number of visits to hospital emergency rooms (more appropriate use) over a five year period, highlighting Streetworks’ effectiveness and connection

to the target population. This report from Bob McKim is included (appendix D) entitled Streetworks Briefing Paper, Initial Internal Evaluation Results, January 2003.

Natural Helpers are individuals in a community who are naturally inclined to take care of the people around them. It is a concept we have used many times to develop all of our resources. Information on Natural Helpers and some of the resources they have developed can be seen at www.streetworks.ca. The resources include posters, pamphlets, booklets (Vein Care, Street First Aid, Germs, and STD) and a video (Clean Points: Tips on Hepatitis C). Many of these resources have been utilized worldwide. We have always found that when we work with a community member group, the health of the group is greatly enhanced. Many people come to understand that they are valuable and intelligent, and often, this leads to people stabilizing their lives, becoming more moderate in their drug use, or quitting their drugs. Also highlighted is the thirst for knowledge demonstrated by community members. Over and over, this vulnerable population helps each other out, as they feel unable, unworthy or untrusting of the present systems. Enhancing their ability to care for themselves and each other underlines the principles of Population Health, Health Promotion and Primary Health Care.

Drug Information booklet. Harm Reduction based drug information is not easy to access. Some information is available on the Internet, but many of our street-involved community members do not have access to a computer or are not confident in their reading skills. Street knowledge can be helpful, but at times it has a number of misconceptions. Other sources of information often utilize a “scare-tactics” approach. Harm Reduction based information accepts that some drug use is a reality and that greater knowledge leads to safer, healthier and more responsible drug use. The combination of street expertise and nursing expertise creates a resource which is factual, culturally appropriate, current, and sometimes humorous. We would also address safer drug use during pregnancy, which is complimentary to the Alberta Health Sustainability program, which aims to decrease the negative effects of drugs on pregnancy. The booklet may also inform people about common mental illnesses, which have an impact upon their drug use.

Speaker’s Bureau A group of the Natural Helpers has been eager to share their experiences with youth, hoping to dissuade drug use or create more knowledgeable drug users. Many youth are experimenting with drugs, and first hand knowledge on effects and pitfalls is an important piece in maintaining health. Often, they are taught how to do drugs by others. As well, the normal developmental stage in growth and development gives young people a sense of invincibility, and a need to test limits. The following 2 comments are from teens that spoke to the research assistant during the CHPS study:

Quotes:

Noah 16 years:

RA: *“Have you ever ended up in the hospital from using?”*

Noah: *“ Yes.”*

RA: *“What happened?”*

Noah: *Okay. There’s three guys and then there’s me, and I said, “I betcha I can smoke the same amount of crystal in a night as all three of you together.” They smoked an ounce together in a night; I smoked an ounce to myself in a night. Four days later I’m in the hospital.*

RA: *So how’d you end up there? Someone called for you or?*

Noah: *No, I stopped breathing, and my heart stopped beating. My heart was sort of going I just kind of just stopped. And they seen me. I was just going like this, and then I just fell over, and I stopped breathing, and they’re just like...*

RA: *SO when you came back, what’d they say?*

Noah: *They were like, “Holy fuck man. You could have done more.” [laughs] My friends look at it like that. I’m just like, “No, man. I think I did just the right amount.”*

Noah: "No, my friends are like, "Do drugs 'till you die. You keep doing it, and if you die, you've obviously done too much. But if you come back from the dead, you could have done a little bit more." [laughs] My buddy did enough GHB for six thousand people."

Destiny, 16

Destiny: "Oh, yes. They're like, "Isn't this much better?" I'm like, "Yes, but don't push it." (LAUGHS) They're like little children with attitudes. It's like, "I'm not a child; I'm an adult."

RA: How old were you at the time?

Destiny: Twelve. I was an adult.

The community members who express a desire to speak with young people do not often have the experience of public speaking and worry about what they "should" say. A program that gave the "Speakers" a more structured way to make presentations, and additional knowledge about HIV, Hep C, OD, and safer drug use would be necessary. This group would then work with Streetworks staff to access youth, and help to inform their decision-making.

Overdose prevention and prevention of death by overdose There have been no specific Harm Reduction programs that relate to decreasing overdoses, or death by overdoses in the province to this date. In 2003, in Alberta, the Provincial Medical Examiner's office reports the following instances where a drug was significant enough to be measured on autopsy and considered the cause of death.

Drug	# of deaths
Methadone	39 (increasing over the past couple of years)
Oxycodone	49 (increasing over the past couple of years)
Morphine/Heroin	90
Codeine	75
Cocaine	100
Methamphetamine	12 (2 deaths so far to June, 2004)

Not all suspected overdose deaths have a toxicology screen – much depends on other circumstances, such as age of the individual at time of death. The numbers above are the documented minimum. The ME's office does not distinguish multi-drug use within these numbers. However, if you were to assume that each stat was an individual, we could say that Alberta loses 1 person per day to drug overdose.

The Royal Alexandra Hospital Emergency Department reports the following statistics for 2003:

Overdose Intent	Total Patients
Accidental Overdose	142
Intentional Self-Harm Overdose	81
Undetermined Intent Overdose	20

These numbers include opiates/narcotics, cocaine, cannabis, LSD and other hallucinogens.

When broken down to cocaine and opiates, the data shows the following:

OD Intent	Cocaine	Opiate/Narcotic	Cocaine & opiate/narcotic	Total
Accidental OD	37	95	6	138
Intentional Self-Harm OD	10	69	2	81
Undetermined Intent OD	6	12	2	20
Total	53	176	10	239

Other pieces of information to support this work being done, and being conducted by Streetworks includes:

- 54% of Streetworks clients are of Aboriginal descent (2003). This group is overrepresented in many areas in the province, including incarceration and HIV seroprevalence.
- 4.5% of Streetworks clients are 19 and under (2003). The study entitled “Cost Effectiveness of Streetworks’ Needle Exchange Program of Edmonton”, by Dr. Philip Jacobs et al, 1998, shows that 50% of IDUs started *injecting* drugs between the ages of 9 to 19 (the most common ages being 12 and 15). We are aware that the Streetworks program needs to access youth more fully, but it is difficult within the current legal climate and drug trends.
- 38.6% of Streetworks clients (2003) are street-involved women
- The Alberta Non Prescription Needle Use project, which includes a consortium of 39 agencies including federal and provincial representatives, has identified Harm Reduction programming as critical to reaching youth, persons of Aboriginal descent, and those with mental health issues. Overdose deaths have been identified as an emerging issue within the province.

Drug Education and Overdose Prevention Project - Streetworks Project Summary

This project would include 3 parts, which are closely related and intersect on many levels. The *development of a drug handbook* that explains drugs from a Harm Reduction perspective. There are specific aspects of drugs which users do not typically know and which could lead to safer drug use. Streetworks staff, a community pharmacist, and a group of current and past users, who are Natural Helpers, will create the booklet during a series of meetings over 6 months. It may also include topics we have not included in other resources, such as being pregnant and street involved, or having mental health issues. The handbook will be 35 – 50 pages in length. The program would need to print approximately 5,000 copies, as we would share this resource with the other Harm Reduction programs in the province.

The *development of a "Speaker's Bureau"* where present and past drug users take a course (4 x 1hour sessions) in doing presentations, and then reach out to youth in an effort to enhance knowledge about drugs, their effects and the importance of being safe and healthy. We will train 8 speakers and they will give presentations to 10-20 youth groups.

An *overdose prevention program* that addresses the epidemic of overdoses in general, as well as the high number of deaths from overdose. This would entail knowledge development and dissemination as an overdose awareness campaign, working with a group of Natural Helpers to create items such as pamphlets or posters. It would also include the development of a naloxone program for users to stop the effects of opiate overdose for themselves and others, modeled on the work of the Chicago Recovery Alliance. This portion of the activities would be a demonstration project. This groundbreaking work in Illinois can be accessed through www.anypositivechange.com. This type of program involves accessing naloxone, community education, training of community members, and an awareness program for Emergency workers such as ER personnel, EMS and EPS.

The evaluation will be formative and summative and will include input from the Streetworks team, service users, partners and the facilitator. There is presently an Emergency Medicine Specialist who will be doing research on the project to determine outcomes of the overdose prevention program. As well, the Centre for Health Promotion Studies will be asking relevant questions through their latest research endeavour.

Information will be shared through the provincial NPNU and ACCH partners, as well as through media, presentations and conferences. Upcoming conferences of note are the International Harm Reduction conference in Vancouver (2006) and the American Harm Reduction Conference in 2007 and it is our hope to share our results through these events.

Streetworks will submit all reports as required by Health Canada, but outcomes will also be monitored through the other researchers involved in the project.

The handbook, Speaker's Bureau, and overdose prevention materials will be ongoing pieces of the Streetworks program. Funding for printing will be sought as needed. The naloxone piece of this proposal is on a demonstration basis. It is our hope that this project will prove its human and fiscal worth, and be continued through another means.

Drug Education and Overdose Prevention Project - Streetworks Detailed Project Description

Nature/extent/ how project will meet needs – All three components have been discussed in the need/gap/rationale section above. Creation of a drug booklet, development of a Speaker's Bureau, and an overdose prevention program will recognize expertise, enhance understanding, develop personal skills for the community members involved and increase knowledge amongst the broader street-involved population. This will occur because present and past injection drug users will be deeply involved in all aspects of the project. Peer naloxone administration will help people survive a critical overdose incident (death, anoxic brain injury). It will also help foster a milieu of community caring and concern, and decrease the feelings of being hopeless and helpless.

Target Groups/Scope – The target groups for this project will be past and present street-involved injection drug users and their social networks, concentrated mainly in the downtown core of Edmonton. Other benefits of the naloxone program will be decreased use of the Emergency Response System, Edmonton Police Service, Emergency Departments, and the Medical Examiners Office. As well, the Speaker's Bureau hopes to reach many young people in a wide variety of locations around the city of Edmonton. The results of this project may be utilized nationally to create similar projects and research.

Description – The overall goal of this project is to increase drug awareness and to decrease the number of overdoses and overdose deaths within the city of Edmonton. One full time temporary Registered Nurse will be hired to carry out all aspects of this project. The draft job description is attached as appendix E.

Development of a handbook will explain drugs from a Harm Reduction perspective. There are specific aspects of drugs which users do not typically know, e.g. that when one injects pills without filtering, there is a 40% chance of retinopathy, that morphine use has cardiac indications, or that sharing a straw for cocaine can be a route of transmission for Hep C. Streetworks staff, a community pharmacist, and a group of current and past users, who are Natural Helpers, will create the booklet. A group will meet 1-2 times per month at the Boyle Street Co-op, facilitated by a nurse hired by Streetworks for this project. The group members would be paid a honourarium of \$10.00 per hour and will sign receipt slips at the end of each meeting. Food and refreshments will also be provided for the meeting. If the group needs to go to a particular location (e.g. a library, university) to research information, their travel will be paid/provided. This group will decide the format, pool information, research particular drugs, share stories, and choose artwork. The layout, artwork, and narrative will be inputted by the project staff person, on the Boyle Street Co-op's publishing program and computer system. Specific drugs will be chosen and may include peelers, Ts & Rs, coke, crack, dillies, crystal meth, methadone, 3s and 4s, benzos, pot and alcohol. It may include interesting facts, history, specific use issues, side effects, overdose prevention, withdrawal symptoms and relief methods, best strategies for quitting, etc. The handbook will be 35 – 50 pages in length. The information will be filtered through a community pharmacist at Myro's Pharmacy, an AADAC worker and 2 physicians for accuracy. Three quotes from potential printers will be sought and the most appropriate chosen. The program would need to print approximately 5,000 copies, as we would share this resource with the other Harm Reduction programs in the province (Calgary Safeworks, Red Deer, Medicine Hat, Lethbridge, and Grande Prairie). In the past, other Natural Helper group members have become quite close and feel loss at the end of the project; therefore a closure event is critical. At the end of this portion of this project, the group will have a small book launch and final meeting. The booklet may also include topics we have not included in other resources, such as being pregnant and street involved, or having mental health issues. There are specific pieces of

information pregnant women may wish to know about effects on their babies and how to minimize those affects, which drugs are more harmful than others, as well as basic health needs. Edmonton has an excellent Health For Two program, which explains normal pregnancy and supports women during this time, therefore there is no need to elaborate upon the usual pregnancy concerns and questions. The information in the booklet would be very targeted to pregnant women who are using drugs. This information may be incorporated into the main text of the document, depending on what the Natural Helpers group decides. Mental Health issues are very prevalent amongst the needle using population, yet very little is known on the street about depression, schizophrenia, bipolar, antisocial personality disorder, dementia, paranoid personality disorder, obsessive-compulsive disorder etc. Many people self-medicate with illicit drugs for their underlying mental health disorders. Perhaps greater understanding of mental illness will help individuals seek appropriate assessment and assistance. Including this section will depend upon the length of the main body of the booklet and what is a “good fit”.

Development of a “Speaker’s Bureau” where present and past drug users take a course (4 x 1 hour sessions) in doing presentations, and then reach out to youth in an effort to enhance knowledge about drugs, their effects and the importance of being safe and healthy. Often, Streetworks’ service users offer to do talks and meet with groups, but feel intimidated by their lack of experience, knowledge and comfort. We will train 8 speakers who are particularly oriented to speaking to youth groups. A small course in public speaking, HIV, Hepatitis C, safer drug use, overdose prevention, etc. will be developed. There will be 4 hours for the group to learn the information and work on public speaking skills. Each member will be paid \$10.00 per hour honourarium for the course. Speaking to the youth groups will not be paid, unless the requesting agency provides dollars or other perks. Streetworks will seek opportunities for the Speakers to give presentations to 10-20 youth groups. A Streetworks staff person and a member of the Speaker’s Bureau will work together and make presentations jointly. Speaking opportunities at alternative schools, Inner City Youth Housing project, Catholic Social services, Transitions House, and others will be sought.

An overdose prevention program that addresses the epidemic of overdoses in general, and the high number of deaths from overdose. This would entail knowledge development and dissemination (e.g. dangerous mixing of drugs, what to do if you or someone close to you overdoses, which drugs cause what physical effects), working with a group of Natural Helpers to create items such as pamphlets or posters. A group of Natural Helpers will meet 1-2 times per month to create overdose prevention resources and choose the most effective means of disseminating that information (pamphlets, posters, etc.). Each member of this group will receive a \$10.00 per hour honourarium, and food & refreshments. The meeting will be held at the Boyle Street Co-op and will be facilitated by the project nurse. Depending on the group’s dissemination decision, there will be printing costs attached. Overdose prevention programs from around the world will be researched and considered.

Prevention of death by overdose would include the development of a naloxone program for users to stop the effects of opiate overdose for themselves and others, modeled on the good work of the Chicago Recovery Alliance. It involves teaching drug users to administer an opiate “antidote” to themselves and possibly their peers. These folks are often much more likely to be in the vicinity of a friend or family member who overdoses, than a health care provider. Many are reluctant to call the Emergency Response Department out of fear, as they are vulnerable to arrest (many of these ambulance calls are accompanied by police). The idea of using naloxone at a community level is not unlike giving epinephrine to someone who is allergic to a bee sting. Naloxone is not an addictive drug and has no other use than reversing opiate overdose. The groundbreaking work in Chicago can be accessed through www.anypositivechange.com. Streetworks has a close relationship with Chicago, thanks to the 2004 Alberta Harm Reduction Conference, and the Chicago Recovery Alliance is very willing to share their resources, advice and learnings. The

naloxone program involves creating a course for street-involved IDUs in administering naloxone, to be delivered in a variety of settings. The project nurse will undertake the task of training community members. This course would include signs and symptoms of opiate overdose, rescue breathing, methods of drawing up and giving naloxone, side effects, and aftercare. It would be designed and written by appropriate health care providers such as the Streetworks physician, the project nurse, a RAH ER physician and EMS teaching staff, as well as utilizing the work of the Chicago Recovery Alliance. Community members who take the course will receive written information as a reference for later. A card, which denotes the reason for the person to be in possession of naloxone, would be provided by the program. Two physicians have committed to being involved with this portion of the project and to write the prescriptions needed for the medication. Accessing naloxone at a reasonable price is a challenge yet to be met. Community pharmacies, hospital pharmacies, and Internet pharmacies will be contacted. Early enquiries have shown that naloxone is considerably less expensive in Chicago. An awareness program for Emergency workers such as ER personnel, EMS and EPS would need to be undertaken. ER and EMS may have contact with a patient whose friend states that they administered naloxone. As this is typically a drug used by emergency workers only, it is important that they understand the situation, and work with the community member. It will also be an opportune time for support and further teaching, if time allows. Having ER and EMS personnel “on side” and supportive is necessary. The Edmonton Police Service must also be apprised of the project. Community members should not be arrested or have their naloxone confiscated, if the naloxone is the only concern of the officers. Orientating these 3 departments may be very brief (as in a notice to all workers) or very involved (in-services to all personnel). The best approach for disseminating this information will be decided by the departments and the project nurse.

Program goals/capacity - The mission of the program is “People who use injection drugs and/or work in the sex trade will have the harm reduction resources they need to be safe and healthy.” The goal of the program, at the front-line level, is to provide or enhance the skills, knowledge, resources and support people need to lead safer and healthier lives. All three parts of this project are a perfect fit with what Streetworks does on a daily basis. Streetworks has demonstrated a high level of success in its operational work, as well as with any project it has undertaken. It will dedicate any additional time, resources, knowledge and expertise necessary to ensure this project is a success.

Please see the attached **workplan**, which outlines the **goals, objectives, activities, timelines, outputs, outcomes, outcome indicators and evaluation methods**.

Evaluation -Evaluation is an ongoing process, not to be saved for the end. Streetworks’ aim is to determinewhether the project is following/followed the work plan, whether the project is meeting/met it’s objective(s), and what is helping/helped to achieve the objectives, and what is making/made it difficult.

Following the ACHF guidelines, for each objective we will determine

1. Are we doing/did we do what we said we would?
2. What are we learning/have we learned (about what works and what does not work?)?
3. Does/did our work make a difference? How?
4. What can/could we do differently?
5. How can we use our evaluation findings for continuous learning?

Through formative and summative methods, the Streetworks program will monitor and report upon what worked and what didn’t work. Data will come from several sources including program records, contact sheets, evaluation with program users, anecdotal reports, meeting

minutes, partner's feedback and the project nurse's journal. Ongoing monitoring will provide opportunity for continuous reflection and practice changes. These changes will be incorporated into the program and learnings documented.

There is an Emergency Physician who will be doing research on the project to determine outcomes on the overdose prevention portion of the project.

The Centre for Health Promotion Studies is presently involved with the National OPICAN Study and will soon be embarking upon a Social Dynamics Study of Edmonton IDUs. Dr. Cam Wild has agreed to include questions about overdose and overdose prevention in the study. This information/research will contribute greatly to the body of knowledge surrounding overdoses.

Partnerships – roles and contributions

HIV Edmonton – Streetworks Council chair, Streetworks site, ridealong agency, referral partner. Contributes space, staff, materials, expertise.

Boyle Street Co-op – Program banker, Streetworks site, ridealong agency, referral partner. Contributes space, staff, materials, expertise.

Boyle McCauley Health Centre – Council member, Streetworks site, ridealong agency, referral partner. Contributes space, staff, materials, expertise.

Regional Public Health (CHA) – Council member, Streetworks site (STD Centre), ridealong agency, referral partner. Contributes space, staff, money for materials (needles etc), expertise.

Northern Alberta HIV Clinic – Council member, ridealong agency, referral partner. Contributes staff, expertise.

Catholic Social Services – Council member, ridealong agency, referral partner. Contributes staff, expertise.

AADAC – Council member, referral partner, ridealong agency. Contributes expertise.

Primary Care Division (CHA) – Council member, Streetworks sites (Eastwood Public Health Centre, Northeast Community Health Centre), ridealong agency, referral partner. Contributes space, staff, materials, expertise.

Edmonton Police Service – Council member. Contributes expertise. Will disseminate information amongst its members.

Centre for Health Promotion Studies – Contributes expertise, research, & resources. Will provide advice, include questions in its ongoing research, links into CCENDU.

Emergency Medical Services – Will disseminate information amongst its members, may contribute to training of community members.

Royal Alexandra Hospital Emergency Department - Will disseminate information amongst its staff.

Dr. Kathryn Irwin – Will conduct research into the overdose prevention portion of the project.

Dr. Ginetta Salvalaggio – Provides auxiliary medical services to Streetworks. Will contribute medical advice and will prescribe naloxone.

Myro's Pharmacy – Community pharmacy will provide advice and information to the drug booklet.

Chicago Recovery Alliance – Will provide advice and information. The CRA may provide assistance in developing resources and accessing naloxone.

The Alberta Association of Registered Nurses does not formally endorse projects, however, they have been contacted and have invited Streetworks to utilize their library and welcome an article being published in the AARN Newsletter. The College of Physician's and Surgeons of Alberta fully supports this project.

Sharing Knowledge - Streetworks will share the results through presentations at workshops and conferences, media opportunities, and submissions to newsletters and journals. Upcoming conferences of note are the International Harm Reduction conference in Vancouver (2006) and

the American Harm Reduction Conference in 2007 and it is our hope to share our results through these events.

The program will also continue to share results with other harm reduction programs provincially and nationally, as well as through the NPNU Consortium and the ACCH.

Streetworks has a proven track record of sharing knowledge with a multitude of individuals, agencies and organizations across the province and beyond.

The researchers, as well, will publicize the results through their usual channels. Sustainability - The booklet will be distributed widely. Streetworks will continually seek opportunities to find dollars for reprinting as needed. The Speaker's Bureau members will be invited to join in presentations for as long as they have contact with Streetworks. The overdose prevention information will be an ongoing piece of Streetworks' harm reduction work. The challenge will be to continue the naloxone piece of the project. If Streetworks can demonstrate life-saving and cost-saving results, perhaps a funder can be found to sustain the project into the future.

Drug Education and Overdose Prevention Project, Streetworks

	Year 1 (04-05)	Year 2 (05-06)	Year 3 (06-07)	Total
Salaries				
1 FTE RN (includes 14% benefits)	\$18,580.00	\$44,995.00	\$46,404.00	\$109,979.00
Contracted services – banker agency	\$750.00	\$2,100.00	\$1,600.00	\$4,450.00
Subtotal	\$19,330.00	\$47,095.00	\$48,004.00	\$114,429.00
Honouraria				
Booklet	\$1,800.00	\$400.00	\$0	\$2,200.00
Speaker's Bureau	\$0	\$320.00	\$0	\$320.00
OD Prevention	\$0	\$2,680.00	\$2,400.00	\$5,080.00
Subtotal	\$1,800.00	\$3,400.00	\$2,400.00	\$7,600.00
Travel and Accommodations	\$0	\$250.00	\$0	\$250.00
Subtotal	\$0	\$250.00	\$0	\$250.00
Rent and Utilities	\$750.00	\$2,100.00	\$1,600.00	\$4,450.00
Subtotal	\$750.00	\$2,100.00	\$1,600.00	\$4,450.00
Materials and Supplies				
Handbook	\$0	\$7,500.00	\$0	\$7,500.00
Meeting costs	\$120.00	\$240.00	\$120.00	\$480.00
Cards/naloxone info sheets	\$0	\$200.00	\$0	\$200.00
Pamphlet/poster	\$0	\$1,000.00	\$0	\$1,000.00
Naloxone	\$0	\$5,000.00	\$0	\$5,000.00
General	\$250.00	\$500.00	\$250.00	\$1,000.00
Subtotal	\$370.00	\$14,440.00	\$370.00	\$15,180.00
Equipment Rental	\$0	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0	\$0
Evaluation and Dissemination				
FTE RN	\$1,000.00	\$2,000.00	\$2,000.00	\$5,000.00
Contracted	\$750.00	\$1,500.00	\$1,500.00	\$3,750.00
Subtotal	\$1,750.00	\$3,500.00	\$3,500.00	\$8,750.00
Other	\$0	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0	\$0
Totals	\$24,000.00	\$70,785.00	\$55,874.00	\$150,659.00

Budget notes:

1 FTE nurse position includes 14% benefits. Nurses at Streetworks are paid less than unionized nurses. The salary starts at step 2 of the Boyle Street Co-op salary grid.

Banking services and rent by the Boyle Street Co-op are set at 3% each

Handbook final costs will depend upon the length, size, number of pages, and colour of the final product.

Naloxone costs will depend on Streetworks' ability to access the least expensive supplier of the drug.

A portion of the evaluation budget originates from the nurse's position, who will dedicate part of his/her time to evaluation. The researcher will be contracted for a small amount to contribute data to the evaluation.

In Kind:

The Streetworks Council and all other partners will contribute time for consultation and guidance.

Streetworks will contribute computer, workspace, equipment, support, access to community members, data, and personnel (especially for presentations to youth).

In Kind:

Streetworks Council and partners: \$5,000.00

Program Manager: \$7,500.00

Computer, workspace, equipment: \$1,000.00

Staff: \$1500.00