PART 2: BEST PRACTICE RECOMMENDATIONS

FOR CANADIAN HARM REDUCTION PROGRAMS THAT PROVIDE SERVICE TO PEOPLE WHO USE DRUGS AND ARE AT RISK FOR HIV, HCV, AND OTHER HARMS

Carol Strike and the Working Group on Best Practice for Harm Reduction Programs in Canada

NATIONAL WEBINAR HOSTED BY CATIE

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Part 2 Team Members

A cross-Canada team of experts:
service providers and users, policy makers and researchers

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Quiz for attendees

- Are you a: (mark all that apply)
  - Frontline harm reduction worker
  - Peer worker
  - Person who uses drugs
  - Public health nurse
  - Manager of a program
  - Policy maker/government worker
  - Researcher or student

Outline

- Project goals
- Research methods
- Overview of many BPR Part 2 sections
- Polling of the audience throughout to get feedback
- Q and A

Best Practices Project Goals

- Develop and widely disseminate a set of user-friendly, evidence-based recommendations
- Improve harm reduction program quality and consistency
- Provide evidence to make the case for investing in harm reduction
- Provide evaluation benchmarks
- Identify targets for improvement at both the program and systems levels

Community-Based Research Methods

- **Narrative synthesis** to search, retrieve, assess, and synthesize the most up-to-date evidence from Canada, United States, United Kingdom, Australia, New Zealand, and other countries with a public health system similar to Canada
- **Team consensus** to develop usable evidence-based recommendations and/or recommended program activities concerning areas of practice we cover in 13 chapters

Best Practices Part 1: Contents	Best Practices Part 2: Contents
Needle and syringe distribution	Program delivery models (fixed-site NSPs, mobile NSPs, pharmacy-based distribution and purchase, peer-based outreach, and needle/syringe vending machines)
Cooker distribution	Needle distribution for anabolic steroid injection, hormone injection, piercing and/or tattooing
Filter distribution	Foil distribution
Ascorbic acid distribution	Safer crystal methamphetamine smoking equipment distribution
Sterile water distribution	Injection-related complications – prevention, assessment and treatment
Alcohol swab distribution	Testing services for HIV, hepatitis C, hepatitis B, and tuberculosis
Tourniquet distribution	Vaccination services for hepatitis A and B, pneumococcal pneumonia, influenza, tetanus, and diphtheria
Safer crack cocaine smoking equipment distribution	HIV and/or hepatitis C treatment referrals
Handling and disposal of used drug use equipment	Substance use treatment referrals
Safer drug use education	Mental health services referrals
Overdose prevention: education and naloxone distribution	Housing services referrals
	Relationships with law enforcement
	Education and other services for the prison context

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Best Practices Online!

- All material, including Best Practice Recommendations (BPR) Part 1, is available from: www.catie.ca/en/programming/best-practices-harm-reduction

- The full BPR Part 2 covers additional and emerging areas of practice and will soon be available from: www.catie.ca/sites/default/files/bestpractice-harmreduction-part2.pdf

Quiz for attendees

- Have you used/read any of the BPR Part 1? (please select one)
  - All chapters
  - Some chapters
  - None
  - Not aware of BPR Part 1

Program delivery models – Rationale

- Evidence demonstrates that needle and syringe programs (NSPs) are generally effective at reducing drug-related harms
- Focus on NSPs related to available evidence
- Different program delivery models are complementary, not mutually exclusive
- Each model has its own advantages and disadvantages – see summary table in BPR Part 2
- Evidence suggests that having a wide spectrum of delivery models is most beneficial

Program deliver models – Recommendations

Optimize service delivery

- Provide NSP services using a variety of program delivery models (i.e., fixed sites, mobile sites, pharmacy-based distribution, peer-based outreach, and vending machines) that are convenient for clients in terms of geographic location (e.g., urban, rural areas) and time of day, and tailored to reach subpopulations (e.g., youth, women, sex workers, LGBTQ, Indigenous people, and those who are new to injecting)

- Distribute the full range of injection, smoking, and other harm reduction equipment and provide disposal options at all NSP locations

- Offer a wide range of services (e.g., education, referrals, overdose prevention and intervention, testing, and vaccination) at each venue wherever possible

Program delivery models – Recommendations

Expand access

- Develop partnerships with local agencies serving people who use drugs to provide additional venues for clients to receive NSP and other health and social services

- Collaborate with local pharmacies and other organizations to provide no-cost NSP services in rural, underserviced, and/or high-needs areas

- Advocate with pharmacists, pharmacies, and professional colleges to ensure clients can purchase and/or obtain needles/syringes for free

Program delivery models – Recommendations

Educate, train and evaluate

- Provide clients with information about distribution and disposal venues
- Provide ongoing training and support to peer workers, pharmacists, pharmacy assistants, and others who provide NSP services
- Conduct community education to help increase support for and maintain uninterrupted operation of programs
- Conduct ongoing need and feasibility studies for program models that are not offered and publish findings

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Quiz for attendees

What models of service delivery would you like added to what is currently available in your city/region? (mark all that apply)

- Fixed site
- Mobile site
- Pharmacy distribution
- Peer-based outreach
- Vending machine
- Other

Crystal methamphetamine smoking equipment distribution – rationale

- Typically smoked using a pipe with a bowl or ball on the end– different than crack cocaine pipes
- Limited estimates of prevalence of crystal meth smoking in Canada – (I-Track: 5% to 37% among people who inject drugs)
- Evidence links crystal meth smoking with anxiety, insomnia, paranoia, accelerated dental decay, heart problems, risk of stroke, changes in cognitive and motor functioning, and dependence
- Evidence lacking that links crystal meth smoking practices with HCV transmission – however, multi-person use of smoking equipment is prevalent and a hypothetical risk for transmission

Quiz for attendees

Is crystal methamphetamine use a problem in your region? (please select one)

- Yes
- No
- Don’t know

Crystal methamphetamine smoking equipment distribution

- **Recommended activities to evaluate the need to distribute safer crystal methamphetamine smoking equipment:**
  - Assess the prevalence of crystal methamphetamine smoking and related smoking and sexual harms in the community, especially among youth and men who have sex with men
  - Determine how best to engage people who smoke crystal methamphetamine in harm reduction services and how to link directly to safer sex programming
  - Assess the level of support among people who use drugs for distribution of safer crystal methamphetamine smoking equipment
  - Assess education and other equipment needs within this population
  - Obtain a legal opinion regarding distribution of safer crystal methamphetamine smoking equipment
  - Evaluate and publish any initiatives undertaken

Injection-related complications (IRCs) – Rationale

- People who inject drugs can experience numerous types of IRCs – abscesses, ulcers, clots, endocarditis, etc. – which NSPs can help to address through education and referrals to treatment

- Many of the factors that can influence the risk for IRC development (e.g., drug form, contamination of drugs, method/location of injection) occur concurrently

- People who inject drugs are sometimes unsuccessful at self-treating IRCs

Injection-related complications – Recommendations

- Educate clients about factors that can lead to IRCs and how to prevent and treat IRCs
- Develop and implement assessment, treatment, and referral protocols for IRCs
- Train staff at NSPs and satellite sites to identify and provide education about IRCs to clients
- Assess the prevalence of IRCs
- Evaluate and publish any IRC interventions undertaken

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Testing services – Rationale

- People who use drugs are at elevated risk of HIV, HCV, HBV, tuberculosis (TB), among other blood-borne and sexually transmitted infections
- NSPs are important sites for offering testing and counselling services to this population
- Barriers to uptake of testing services include: individual factors (e.g., fear of testing); service provider factors (e.g., reluctance to assess need for testing); and agency/institutional level factors (e.g., limited financial resources to provide comprehensive testing services)

Testing services – Recommendations

- Educate clients about the benefits of regular testing, early diagnosis, and treatment for HIV, HCV, HBV, and TB
- Educate clients about the types of testing available to facilitate informed choice
- Refer clients to testing and counselling service providers in the community
- Establish and maintain relationships with a variety of testing and counselling service providers, in particular those with experience working with people who use drugs
- Implement onsite counselling (pre and post) and voluntary testing services for HIV, HCV, HBV, and TB according to municipal, provincial, and federal regulations and guidelines
- Evaluate and publish any testing interventions undertaken

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Vaccination services – Rationale

- People who use drugs are susceptible to a number of vaccine-preventable infections
- Pre-existing medical conditions and other factors such as poverty, unstable housing, and social marginalization add to risk of infection and (early) mortality
- Some NSPs can provide clinical services on site, while others can make referrals to low-barrier services
- Barriers to uptake of vaccination services include: individual factors (e.g., lack of knowledge about vaccine-preventable disease); service provider factors (e.g., lack of healthcare providers trained to provide vaccination to people who use drugs); and agency/institutional level factors (e.g., lack of public health infrastructure to provide vaccinations for people who use drugs)

Vaccination services – Recommendations

- Ensure access (on site or through referral) to a variety of vaccinations according to municipal, provincial, and federal recommendations
- Educate clients about the benefits of vaccination
- Establish and maintain relationships with a variety of healthcare providers and agencies, in particular those with experience working with people who use drugs
- Conduct vaccination campaigns outside of NSP settings in order to access harder-to-reach people who use drugs
- Evaluate and publish any vaccination initiatives undertaken

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HIV and/or HCV treatment referrals – Rationale

- NSP staff can help identify and refer clients to HIV and HCV treatment
- There is a lack of evidence evaluating referral programs to HIV and/or HCV treatment providers
- We focus on facilitators and barriers to uptake of HIV and HCV treatment
- WHO recommends early uptake of HIV treatment for all, including people who use drugs, however many barriers prevent people who inject drugs from accessing HIV specialist care and initiating HIV treatment
- Early treatment for people living with HCV is recommended but access remains a challenge for people who inject drugs

Quiz for attendees

- Can clients in your region get access to HIV treatment within a reasonable window of time? (please select one)
  - Yes
  - No
  - Don’t know

Quiz for attendees

- What barriers do clients in your region face regarding access to HCV treatment? (mark all that apply)
  - Unaware of treatment options available
  - Scared of treatment
  - No treatment providers available
  - Treatment providers won't take on people who use drugs
  - Cost of treatment too high
  - Other

HIV and/or HCV treatment referrals– Recommendations

- Educate clients about HIV and/or HCV treatment options and where to seek additional information about risks, benefits, and side effects
- Refer clients who test positive or are known to be HIV- and/or HCV-positive to HIV and/or HCV treatment providers in the community
- Establish and maintain relationships, and develop clear referral protocols with HIV and/or HCV treatment providers, in particular those with experience working with people who use drugs
- Encourage peer workers with lived experience of HIV and/or HCV to participate in existing peer support/navigation programs or assist in developing and delivering peer support/navigation activities for clients
- Evaluate and publish any HIV and/or HCV treatment referral initiatives undertaken

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Service referrals – Rationale

- Many NSP clients report a need and desire for other health and social services, particularly substance use treatment, mental health services, and housing services

- Many NSPs provide some form of referrals to substance use treatment, whereas referrals to mental health and housing services may be less common; there is a lack of literature on these other types of service referrals from NSPs

- "Referrals" from NSPs take different forms – e.g., program staff providing clients with additional information and resources or a number to call, or more formal referrals involving healthcare providers

Service referrals – Recommendations

- Educate clients about substance use treatment, mental health services, and housing services options
- Refer clients to services in the community
- Establish and maintain relationships with a variety of agencies providing treatment and other services, in particular those with experience working with people who use drugs
- Evaluate and publish any referral initiatives undertaken

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Quiz for attendees

- Would you characterize the relationship between your harm reduction program and local law enforcement as: (please select one)
  - Positive and respectful
  - Neutral
  - Negative and disrespectful
  - Non-existent
  - Don’t know

Relationships with law enforcement – Rationale

- Evidence shows that law enforcement activities can negatively affect the health and safety of people who inject drugs (e.g., crackdowns can increase anxiety about getting caught and lead to injecting in less safe spaces, less contact with health and social services, improper disposal of used equipment, and rushed or unsafe injecting practices)

- Working collaboratively may improve police understanding of the public health benefits of harm reduction programs and reduce incorrect and/or negative perceptions held by law enforcement authorities

- More formal, published evaluations of police training initiatives are needed

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Relationships with law enforcement – Recommendations

- Include law enforcement agents as one of the stakeholder groups to be engaged and informed when developing harm reduction programs

- Establish and sustain methods for ongoing communication between harm reduction programs and local law enforcement agencies

Relationships with law enforcement – Recommendations

Provide in-service training to law enforcement agents focusing on:

- The purpose and goals of harm reduction programs
- Evidence-based approaches to NSP effectiveness, especially with regard to any impacts on community safety and public order
- Needle-stick injury prevention and the basics of HIV, HCV, and other pathogen transmission
- The health and social concerns of people who use drugs
- Evidence concerning the impacts of needle/syringe and other injecting equipment (e.g., cookers, filters) distribution for people who inject drugs
- Evidence concerning the impacts of safer smoking equipment distribution for people who smoke crack cocaine

Relationships with law enforcement – Recommendations

Develop agreements with law enforcement to ensure that:

- Clients can enter and exit from harm reduction program fixed sites or vehicles without police interference
- Safer injection, safer smoking equipment, and overdose prevention kits (e.g., naloxone) distributed by programs are not destroyed or confiscated from clients by police
- Fixed, mobile, and other sites (e.g., pharmacies) are not used for police surveillance purposes
- Establish a conflict resolution protocol to address concerns that may arise between harm reduction programs and law enforcement. Adverse client-police encounters should be documented and brought to the attention of law enforcement authorities.

Team goals for the BPRs

- Utilization of the BPRs Parts 1 and 2 will improve the health of people who use drugs by:
  - Improving access to drug use supplies, information, and referrals
  - Ensuring services offered are based on the most up-to-date evidence
  - Cultivating relationships with community service providers to ensure clients can receive services in safer environments
  - Maintaining positive relationships with law enforcement to ensure uninterrupted access to harm reduction services for clients

Next steps

- Using varied knowledge exchange methods, our goal is to ensure awareness of and access to the BPRs Parts 1 and 2 among harm reduction practitioners across Canada
- We will translate Part 2 into French
- A cross-Canada evaluation study of BPR Part 1 is underway (many thanks to those who completed the survey online)

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