Harm reduction & overdose prevention Assessment

Exploring community readiness, strengths & gaps in rural and remote communities of the Interior Health region

FINDINGS FROM
SERVICE PROVIDERS

EXECUTIVE SUMMARY

This report was published in January 2020. Project team: Cheryl Dowden, Andrea Langlois, and Dr. Melanie Rusch. This project is in compliance with the Interior Health Project Ethics Policy.

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Executive Summary

Background

Since 2016 there has been an alarming increase in the number of overdoses happening in Canada. In April 2016, the overdose epidemic was declared a public health emergency in British Columbia. Despite targeted responses overdose rates have remained at high levels, with no end in sight for this crisis. This report outlines the results from a service provider survey carried out across 18 rural communities in the Interior Health region of BC. It is part of a quality improvement initiative that seeks to assess community readiness, strengths, and gaps around harm reduction and overdose prevention services in under-served rural communities in BC's interior region. Using a community engagement approach, mixed-method surveys were conducted with service providers regarding: community readiness for community development, training and service improvement; existing service offerings and innovative approaches; policies and community-wide strategies. The report includes both quantitative descriptions and summaries of qualitative information categorized by region, with specific findings by community highlighted where relevant and appropriate.

A total of 144 email invitations were sent out to service providers, and a total of 74 individuals participated in the survey representing a total of 83 service locations, as some individuals filled out the survey for their services in more than one community. As some identified additional communities, a total of 21 communities were represented in the sample. Overall, the majority of respondents came from 4 general areas: Health services (mainly Interior Health), Harm Reduction services, Addictions Services and other community support services. Additionally, some respondents were from pharmacy and other types of community organizations (religious groups, indigenous communities, community businesses). As far as types of services provided, harm reduction services (72% of organizations) and addictions counselling/treatment services (43% of organizations) were the most common. Almost all respondents indicated that their organization employed a harm reduction approach. When asked what the most important elements to this approach were, the majority of responses highlighted non-judgmental attitudes, treating people with respect and dignity, and offering low barrier services that helped to meet people where they are at.

THE ANKORS TEAM OUT ON THE ROAD FOR SURVEYS

OVERDOSE CRISIS AND RESPONSE

Perspectives on overdose

When respondents were asked about their organization's level of concern regarding the overdose crisis, the majority indicated high levels of concern. Across all regions and types of organizations, the median scores on a scale of 1 to 10 were between 8 and 10. Only 11 respondents (~15%) indicated a level of concern <7.

Existing efforts

Respondents were asked about the existing efforts in their communities. Many highlighted increased harm reduction services (supplies, education), increased collaborations across organizations, increased access to OAT, and increased social/clinical support teams (e.g. integrated care teams). Efforts identified by fewer respondents included Overdose Prevention Sites or Supervised Consumption sites, peer programming, anti-stigma campaigns and programs tied to housing and emergency shelter. A full list of efforts can be found in Table 3 of the report. Of note, several respondents indicated they were not aware of what efforts may or may not be in place in their communities. This seemed especially to be the case in the smaller rural communities.

Strengths, impacts and challenges

Respondents most often referenced Naloxone distribution and training, collaborations – including broader collaborations such as task forces and overdose prevention groups and more focused, service-based collaborations, and community engagement as strengths of the existing efforts. In terms of impacts, many saw decreased mortality and increased awareness as important outcomes of the existing efforts. However, a number of participants also indicated they were unsure of the impacts, or whether these could be properly measured or observed. These again tended to be the smaller rural communities where there may be less available resources or supports for these efforts. The biggest challenges noted by respondents were stigma, lack of resources, and public perception. The latter was also noted as an opportunity to increase community dialogue and build public awareness. Additionally, access to local service was seen as challenge by several respondents – in particular smaller communities found it challenging due to hours of operation, capacity, and availability of particular services (e.g. OAT physicians). Housing was also mentioned by many respondents to be a particular challenge in their communities.

Harm reduction services

When asked about what harm reduction services were available in their communities, the majority of respondents identified Naloxone distribution, harm reduction supplies, and OAT. While many indicated OAT was available, it should be noted that in some cases prescriptions could be filled locally, but patients would have to travel to see an OAT physician. Peer programming was identified more often in the Kootenay Boundary and East Kootenay region, and least in the Thompson Cariboo Shuswap region. Around 20% of respondents identified heroin or hydromorphone therapy as a service that was available in their community – this represented 7 of the 21 communities. It is possible that there is some confusion between newer substitution therapies and actual heroin/hydromorphone therapy and that there is not actually this many communities with heroin/hydromorphone therapy available. Only 3 communities had identified OPS services, and only 1 had OPS inhalation services.

SIGN OUTSIDE THE EAST KOOTENAY ADDICTION SERVICES SOCIETY

When looking across organization types, most were able to identify the top services (naloxone, harm reduction supplies, OAT); in general, health authority and harm reduction service respondents had slightly higher proportions identifying services in the community as compared to other service organizations.

The majority of respondents (70%) identified populations of concern with respect to accessibility of services. The most common populations identified were those living without a home, those living in poverty and youth. Across organization types, respondents from Harm Reduction services were most concerned about accessibility across many populations.

POLICIES AND PLANNING

When asked about policies, strategies and laws that impacted overdose prevention efforts, the majority of respondents were unaware or unable to identify any specific elements. Respondents from the Harm Reduction services were most likely to respond to this question and provide information on both positive and negative impacts. Positive impacts included coordinated strategies emerging through collaborative committees, and formalization of policies around harm reduction options for some organizations. Municipal policies and zoning processes were noted as barriers to moving forward, particularly with supportive housing initiatives.

The most commonly noted new strategies and plans were around further development of collaborative committees, and plans for supervised consumption. Other strategies included public awareness campaigns, new OAT clinics, expansion of HR teams and more. A full list can be found in Table 9.

Leadership was seen as an important piece, especially around supporting the growing collaborations and community partnerships. Important leaders across all communities included Interior Health, and ANKORS; other more localized agencies were also identified in their regions (EKASS, Freedom Quest). Less frequently mentioned, but important in particular regions were peers, Indigenous communities, and other more local service agencies.

Only around 20% of respondents indicated they were aware of specific proposals in their community related to the overdose response, and around 30% were unaware of any funding mechanisms being used by their organization for current efforts. The majority of these respondents were from Harm Reduction service agencies. Compassion Inclusion and Engagement (CIE) funding and Community Action Initiatives (CAI) funding were being actively used in three of the four regions. CIE funding included projects for training REDUN peers in harm reduction and supply distribution, for drug checking projects, and for peer support groups. CAI funding included an Overdose Prevention project focused on social infrastructure.

INFORMATION AND TRAINING NEEDS

The majority of respondents and communities indicated that there were available informational resources on how to prevent an overdose, how to use Naloxone, where to access Harm Reduction services, where to get supplies, what mental health and substance use services were available, and what substance use services were available.

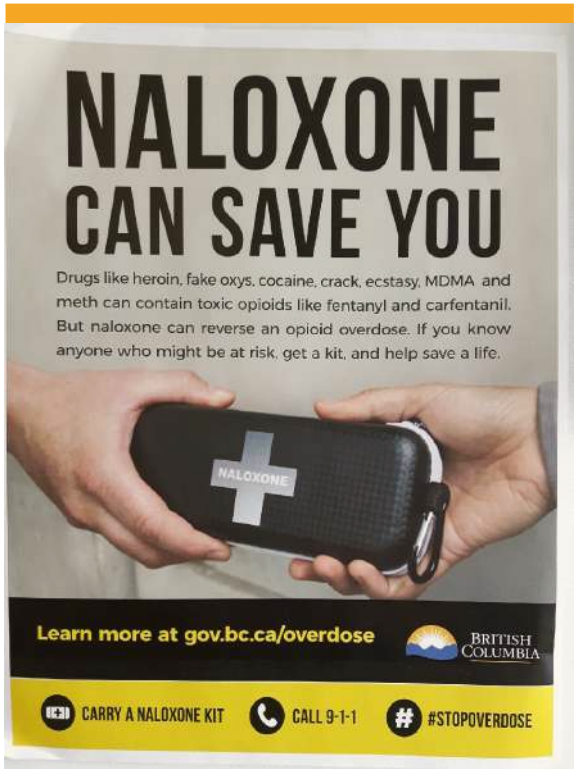
Fewer communities had information on where to safely use drugs, where to get drugs checked and best practices on OAT, although more respondents indicated this information was available in the Kootenay Boundary region compared to other regions. Across organization types, Community Service respondents were less likely to indicate information was available. This could reflect a lack of accessibility rather than availability and may present an opportunity for promoting widespread distribution of information resources across all community services.

Naloxone training

Naloxone training was identified as being available across all regions and by the majority of service types. A few respondents did note that, although available, it may not be as readily available or accessible for everyone as it could be.

The East Kootenay and Kootenay Boundary regions had the highest proportion of organizations with >10 staff trained. The majority of organizations had at least one staff trained; East Kootenay and Thompson-Cariboo-Shuswap both had a small number of organizations (10-20%) with no staff trained in Naloxone use. When looking at this by organization type, the Health Authority and Harm Reduction services had the highest proportion with >10 staff trained, while around 20-30% of Community Service and other organizations had no staff trained.

Among locations who reported any reversals, the highest volume of overdose reversals was from Health Authority and Harm Reduction services, although on a per organization basis, all organization types had between 1 and 3 reversals noted.



BC GOVERNMENT NALOXONE POSTER

Other training and supports

Grief support services were noted to be available by the majority of respondents. This was highest in the East Kootenay and Kootenay Boundary regions, and was highest among Harm

Reduction service respondents. In general, supports included counselling, either through internal resources or via referrals, benefits coverage, and the Employee and Family Assistance Program. The Provincial Mobile Response Team was noted as a resource in both East Kootenay and Kootenay Boundary. Indigenous Elders and healing circles were a resource for one organization in the Kootenay Boundary region, while the Community Crisis Intervention team operated through another Indigenous community was noted in the Okanagan.

When asked what other types of training and supports might be of interest, the most commonly selected items were Indigenous Cultural Safety Training, Peer Training, and Grief support. Given that most had indicated some form of support was available, this highlights the need for perhaps more tailored services specific to dealing with the ongoing overdose crisis. Across organization types, there were some differences, with Pharmacy, Community Service and other community organizations also commonly selecting training on OD prevention, Naloxone and harm reduction, indicating that despite widespread distribution of information in these areas, some organizations are still looking for education and training opportunities on these topics.

SUMMARY

Among service providers across the 21 rural communities, levels of concern regarding the overdose crisis were generally high and respondents indicated that most of the communities in which they work had or were beginning to form collaborative committees with broad representation to work together on overdose prevention. Those seen as leaders in overdose prevention were typically involved at these collaborative tables, and were often noted to be key players for advancing harm reduction initiatives and increasing the availability, accessibility and options for services. Stigma and public perception remain significant challenges to these efforts, although there were also opportunities identified for increasing public awareness and education around overdose and harm reduction.

Outside of respondents from Harm Reduction services, few were aware of or had information on policies, strategies and laws impacting overdose prevention efforts, or on any planning or proposals underway. This is something that may improve as collaborative tables expand and develop.

Naloxone, harm reduction supplies and OAT were typically identified as existing efforts and as services available in these communities. Other services and information, such as where to safely use or where to get drugs checked, was less often identified as available. In some cases, like drug checking, there are limited services available in certain regions; however, in general Community Service respondents less often indicated availability of information or services that may be available, highlighting the potential need for consolidated information on available services that can be widely distributed throughout communities.

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