



PAN 2017 Fall Conference

Government and Health Authority Partner Panel Wednesday, October 25th 2017

Summary handouts: Highlights related to HIV and *From Hope to Health* framework, viral hepatitis, and overdose crisis

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Responding to BC's Opioid Overdose Epidemic

Progress Update October 2017

Ministry of Mental Health and Addictions



BACKGROUND

Since BC’s Public Health Emergency was declared in 2016, people across the province have mobilized to immediately respond to and prevent overdoses and overdose deaths. Despite these efforts, an unprecedented number of people continue to die; projections suggest BC may see 1,500 overdose deaths or more in 2017 (see Figure 1). To date there have been 1,013 overdose deaths in 2017.

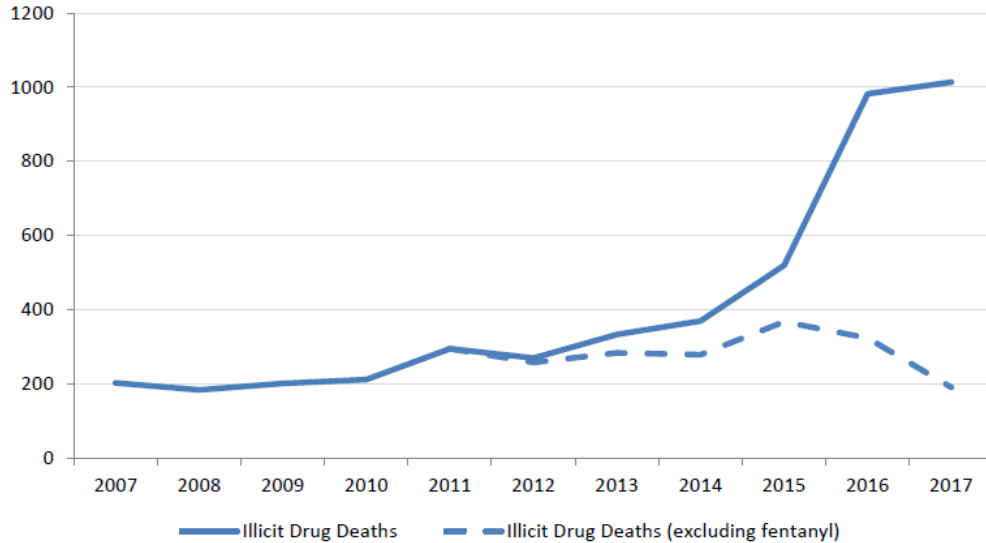


Figure 1: Illegal Drug Overdose Deaths (BC, 2001 – August 31, 2017)

BC continues to experience record rates of overdose death in all areas of the province. As of August 31, 2017, BC’s rate has reached a peak of 56.3 per 100,000 individuals in Vancouver Health Service Delivery Area (see Figure 2).

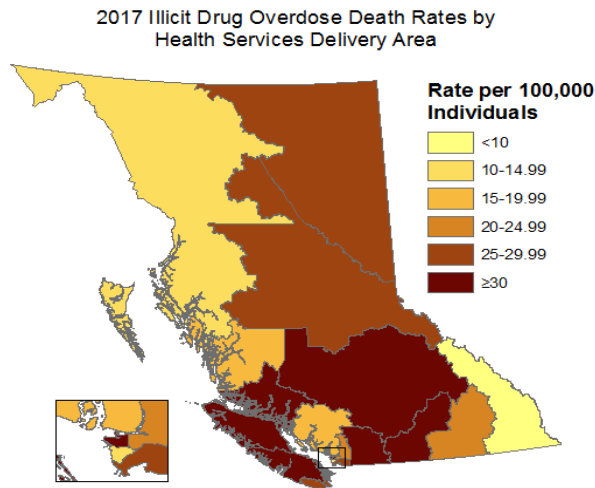


Figure 2: Illegal Drug Overdose Death Rate (BC, July 31, 2016 to August 31, 2017)

ESCALATING BC'S RESPONSE TO THE PUBLIC HEALTH EMERGENCY

BC's overdose epidemic remains complex and dynamic, where the ground is prone to frequent shifts. The situation is complex because there is a wide range of people using illegal drugs for a variety of reasons in different contexts, locations, combinations, and routes of administration. It is dynamic because of the introduction of new substances into the illegal drug supply, which is driven by the enormous financial incentive to manufacture increasingly potent drugs.

In July 2017, the Ministry of Mental Health and Addictions was established with responsibility to lead the provincial response to the opioid emergency. The Minister's mandate letter outlines the major priorities for the new ministry, including the need to work in partnership to develop an immediate response.

The Minister of Mental Health and Addictions has continued to meet with people with lived experience, their families, first responders, volunteers and staff from community-based organizations, addiction experts and others working on the front line of the opioid emergency. Under the direction of the Minister of Mental Health and Addictions, and informed by those working in the system, the Province is developing a cross-sector action plan and dedicating resources—more than \$322M over three years—to accelerate the response.

New measures announced in September include:

- **Community crisis innovation fund**
- **Scaling up rapid-access community treatment**
- **Broader access to no-cost naloxone kits**
- **Support for those on the frontlines**
- **Public awareness campaign**
- **Action to protect public safety and cut off illegal fentanyl supplies**
- **Additional funding for the BC Coroners Service to expand the Drug-Death Investigations Team**

KEY AREAS OF FOCUS

1. **Saving lives:** Services for people who continue to use drugs that help reduce the risk of overdose, reduce the severity of overdose, or provide immediate lifesaving interventions when an overdose has happened.
2. **Ending the stigma around addictions and mental illness:** Activities that reduce negative attitudes about people who use drugs that may keep people from seeking and receiving help for problematic substance use.

3. **Rebuilding the network of mental health and addiction treatment services:** Services that support treatment of and recovery from addiction.
4. **Addressing the full range of supports and social factors:** Activities and services that address social factors related to substance use such as housing, income, employment, intergenerational trauma and community development.

PROGRESS REPORTING

The Province is focused on transitioning from an emergency response to building and sustaining an improved system that meets the needs of people when and where they need it. Ensuring actions are informed by the latest data and evidence available is integral to an effective and robust response. The Ministry of Mental Health and Addictions commits to public progress reporting on the four key areas of focus every month for the foreseeable future.

1. Saving lives

Progress update

Government is investing \$6 million over three years to further expand naloxone availability:

- **The Take Home Naloxone Program is working with the B.C. Pharmacy Association to establish new distribution sites at community pharmacies throughout the province. British Columbians who use opioids or are likely to respond to an overdose will be able to get free kits at pharmacies by the end of the year.**
- **The Take Home Naloxone Program is working with first responders to increase naloxone distribution among those who recover from an overdose event and do not wish to be transported to the hospital. More naloxone training opportunities and additional new distribution locations around the province are also being planned.**
- **Since 2013, more than 55,000 Take Home Naloxone kits have been distributed free of charge (nearly half of them in 2017 alone), with 590 locations currently distributing kits.**
- **The BC Centre for Disease Control, working with implementing partners, has finalized and released a [provincial guide for Overdose Prevention Services](#).**
- **From December 2016 to September 24, 2017, there have been 405,703 visits to 24 overdose prevention sites with 2,029 overdoses reversed and zero deaths.**
- **As of August 31, fentanyl checking services in Vancouver were expanded to all overdose prevention and supervised consumption sites.**

2. Ending the stigma around addictions and mental illness

Progress update

Government has allocated \$2 million in 2017-18 and \$2.37 million in 2018-19 and 2019-20 to support new public awareness efforts, including:

- A new campaign will be launched in the fall of 2017, with a particular focus on reaching men aged 30 to 60 years, the group most at risk of overdose, and reducing stigma about addiction.

The government is partnering with WorkSafeBC, B.C. Restaurant & Food Services Association and BC Building Trades Council –and others to come on board in the near future – to increase the reach of the campaign. The partnerships are designed to create new, targeted avenues for building awareness on how to stay safe and where to reach out for support.

Resources continue to be made available for teachers, parents, friends, family, those who may witness an overdose, and anyone wanting more information on the Public Health Emergency. Visit www.gov.bc.ca/overdose for more information.

3. Building a network of mental health and addiction treatment services

Build an improved treatment system by concentrating substance use services to ensure rapid access

To make sure that help is available when people are ready to start on a path to recovery, health authorities are scaling up rapid access to medication treatments for opioid addiction. People who receive appropriate and effective treatment for opioid use disorder are less likely to seek out and use illegal opioids. Therefore, expanding the reach and improving upon the range of existing treatment options for people with opioid use disorder is a key component of preventing overdoses.

Progress update

Funding details to support expanded access to opioid addiction treatment under government's \$322 million investment over the next three years are being finalized, and will include rapid-access addictions clinics and specialized substance use hubs.

- On October 10, 2017, the Minister of Mental Health and Addictions approved a BC Centre for Substance Use (BCCSU) Guidance Document on injectable agonist treatment. Posted on the BCCSU website, the document provides guidance for injectable opioid agonist treatment (iOAT) programs to treat patients who have not benefited from oral OAT medications, such as buprenorphine/naloxone (Suboxone), methadone and slow-release oral morphine.
- Regional health authorities are expanding the hours of and opening new addictions clinics in Vancouver, Burnaby, Chilliwack, Abbotsford, Mission and Langley. Clinics in Surrey and Maple Ridge are now also offering faster, easier access.
- The BCCSU continues to offer a [free online certificate course](#) targeted at health care professionals interested in learning more about providing care to patients with substance use disorders. Over 3,500 health-care providers have enrolled.
- The BCCSU continues to offer the Provincial Opioid Addiction Treatment Support Program to provide education and information for new prescribers in BC.
- BC submitted orders for diacetylmorphine, naltrexone, and buprenorphine/naloxone from Health Canada's approved list of drugs for an urgent public health need to increase the availability of additional treatment options for people with opioid use disorder.

4. Addressing the full range of supports and social factors

Progress update

Government will invest \$3.4 million as sustainable annual funding to support first responders, especially those working with community organizations through the newly established Mobile Response Team. The team provides training, education and crisis response to support the mental and emotional health of staff and volunteers of community-based organizations responding to multiple overdoses in all health regions.

ENFORCEMENT ACTIVITIES TO PROTECT PUBLIC SAFETY

Progress update

Government has also allocated \$24.2 million over three years to support critical public safety efforts, including:

- **New dedicated anti-trafficking teams within the provincial RCMP and Combined Forces Special Enforcement Unit (CFSEU-BC), with additional officers and support staff. This puts more boots on the ground to go after, arrest and prosecute dangerous and violent drug traffickers to disrupt the drug supply line in communities.**
- **Resources for all police agencies for enforcement activity against organized crime importers and traffickers, through the province's gang unit (CFSEU-BC), including more funding for projects that specifically target traffickers, to stem the flow of fentanyl into B.C.**
- **Increased support for police-based outreach in their communities and funding for multidisciplinary approaches to bring together mental health, social service and police agencies to proactively reach people who are seen to be of elevated risk.**
- **RCMP and municipal police continue to contribute to province-wide efforts to keep people alive. To date, RCMP and municipal police have recorded 265 successful overdose reversals by administering naloxone and 7,480 members (sworn and civilian) have received naloxone training.**

GENERATING INTELLIGENCE

The complex nature and causes of BC's overdose epidemic require generating and gathering together multiple data sources to monitor, analyze, and understand the emergency and its underlying issues. This data provides the best available evidence for implementation and evaluation of effective actions. Enhanced population health surveillance activities are now providing more detailed information about overdoses and risk factors to enable targeted interventions and evaluation.

Progress update

Government has invested \$15 million over three years to support community innovation and learning as part of the accelerated response to the overdose emergency:

- **The fund will support implementation and evaluation of nimble, innovative, community-based actions with the potential for immediate impact on the ground.**
- **The fund will be available to introduce measures across the range of response, such as targeted community-based prevention or early-intervention programs, or innovative harm-reduction and treatment approaches to keep people safe and support people seeking help.**

Partners are also working to improve the information available to inform the response:

- **BC Stats, and the Integrated Data Office, are working in collaboration with the BC Centre for Disease Control to bring together data sets from sectors beyond health and assist in better understanding the trajectories of individuals and groups at risk of an overdose event.**
- **An additional \$7.1 M over three years was made available for the BC Coroners Service to expand the Drug-Death Investigations Team, to help resolve backlog and meet the significant increase in workload and lab testing. This will provide timely, accurate data to inform new strategies in this public health crisis.**
- **The BC Centre for Disease Control continues to report overdose data (updated weekly) on their public [website](#). Data include the number of illegal drug overdoses attended by the BC Ambulance Service, 9-1-1 calls for ingestion poisoning, statistics on overdose prevention services, and geographic distribution of illegal drug overdose deaths.**
- **LifeLabs continues to provide the Province with weekly reports on the presence of fentanyl and fentanyl analogues circulating in the illegal drug supply. Two fentanyl analogues, carfentanil and furanylfentanyl, have been detected in all regional health authorities. A third designer opioid named U-47700 has been detected in BC; this substance is not a fentanyl analogue but has been linked with deaths in the United States.**

CONCLUSION

BC is grappling with an overdose epidemic that has complex and dynamic underpinnings, with the rapid introduction of new substances and consistently high rates of unintentional illegal drug overdose deaths spread evenly right across the province. With significant new investments in accelerated cross sector action, the Ministry of Mental Health and Addictions is taking action to ensure a comprehensive and robust response to BC's opioid overdose emergency.

Summary

Below includes information about some of the work undertaken by Interior Health (IH) related to the three topics of: HIV and the *From Hope to Health* framework, viral hepatitis, and the overdose crisis. This summary includes some of the highlights but reflects only a small amount of the work underway in IH this year.

HIV and the *From Hope to Health* Framework

Two highlights of work done in this year include a focus on gay, bisexual and other men who have sex with men (gbMSM) STI testing services and access and HIV/Hep C peer support services.

PRICK – Full STI Testing Event for Guys Who Like Guys

It is recognized that there is a lack of gbMSM specific health care services in the IH region. Though access to HIV testing across the region has increased, the gap is particularly true for access to STI testing and treatment. Work done by the *Men's Health Initiative* (MHI), a Kelowna based, IH wide community based program, indicates that men have been seeking a safe space to access testing and treatment, a service that is not widely available. Last year (2016) the first gbMSM targeted testing event was done in Kelowna. This first event was a partnership between IH nurses and MHI, and was held in an IH clinic in the middle of the day. Following this first attempt, a partnership has been created between Options for Sexual Health (OPT), MHI and IH, and monthly evening clinics have now been running in Kelowna since November 2016. We expect this program to continue until June 2018 when a review will be done to determine ongoing services. Motivated by Kelowna's partnership, a similar program has been started in Penticton, two pilot events have been done in Kamloops (there is no OPT to partner with in Kamloops so planning has been more complicated) and conversations have begun to offer a similar service in Vernon, Nelson and Fernie.

This innovative partnership has given the men who access the service access to STI testing and treatment, a safe space for health care, and a way to build community that has not been seen in the IH region previously.

Peer Support Toolkit Development

Within the IH region there are no formal HIV/Hep C peer support services. Many of our community agencies do amazing peer work but there is recognition that what exists could be enhanced in most of the region. IH has partnered with the Kelowna branch of the Canadian Mental Health Association (CMHA) to create an HIV/Hep C focused Peer Support Toolkit. The CMHA was asked to create this toolkit because of their long standing expertise on providing peer support services. In order to ensure the toolkit reflects the specific needs of those living with HIV and Hep C, there have been two advisory committees participating in document development. The first has representation from all IH based PAN partner organizations, several other community agencies, Positive Living BC, Pacific Hepatitis C Network and IH. The second is a committee made up of HIV and Hep C positive Peers who live in the IH region. The intention of this toolkit is that our community based organizations will be able to use it to create and support peer services in very community specific ways. The official launch of the toolkit will take place in November 2017.

PLDI Core Leadership Training

After the significant successes demonstrated by working with PAN to bring PLDI Core Leadership Training to the Interior region in 2015, a new training session has been planned for October 2017 at Silver Star, near Vernon. Again, there has been a focus on having participants attend from the Interior region.

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Viral Hepatitis

Hepatitis services within the IH region remain very similar to the past. At this time, IH is waiting for the release of *Healthy Pathways Forward* since we imagine this will give us clarity on new directions.

One existing service that has been refreshed is the Hepatitis Clinic in Kamloops. With the hiring of a new Hepatologist, there is an opportunity to determine the best way to proceed with the services. At present, IH and physicians are exploring how to integrate Hepatitis services into new service models being implemented more broadly in Kamloops. For example, in 2014 an integrated HIV clinic was opened for the first time in Kamloops and has been a very successful model of care. The new Hepatitis clinic will be developed in a similar way.

Overdose Crisis

Many different steps have been taken this past year as part of the overdose crisis response. Three updates have been highlighted below:

EOC Model to Operations

Since the overdose emergency was announced in 2016, IH has been working in an Emergency Operations Centre (EOC) model. As of September 2017, this has now changed and a transitional steering committee has been implemented to support the move into an ongoing operational model instead.

Peer Coordinators

Mental Health and Substance Use (MHSU) services have developed several employed Peer Coordinator positions. These peer positions are in place to support the overdose prevention site in Kelowna. Despite this being a recent addition, anecdotally having these peer coordinators in place is already showing success.

Education/Training Sessions Provided

1. Opioid Overdose Response Education for Front-Line Staff

- a. 2 day training sessions held in May/June 2017 in Nelson, Kamloops, Kelowna, Vernon and Cranbrook

2. Partnership with Canadian Public Health Association (CPHA) to provide:

- a. A Forum for Cannabis: “A public health approach to cannabis (and other substances): Prevention, health promotion, surveillance and capacity building” – session held in Kelowna on October 11, 2017
- b. 3 Workshops to be held in Kelowna, Kamloops and Cranbrook, Fall 2017: Reducing Stigma Related to STBBIs, Sexuality and Substance Use through Trauma and Violence Informed Care

3. Partnership with PAN to provide Interior Regional Education:

- a. November 21/22 in Kelowna. Day 1: “Resisting Burnout & Responding to the Darkness in Our Work”; Day 2: Peer Support Toolkit Launch, Community Based Program Showcase

Prepared By:

Maja Karlsson, Manager, HIV & Health Outreach



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everywhere, every time.

Island Health 2017 Snapshot PAN Conference – October 25, 2017

The Island Health STOP HIV/AIDS Program is based on a collaborative implementation approach between internal programs, our contracted community agencies and other external partners. The activities listed below serve as a snapshot and are in addition to the many targeted services that are delivered - notably those of our community organizations, which are integral to our HIV response.

HIV and 'From Hope to Health' Framework

Community Grants Program: Delivery of annual STOP HIV/AIDS Community Grants Program, with eight grants awarded (totalling \$62,800) this year for grassroots activities across Vancouver Island focused on HIV prevention, testing and care. Activities include group programming for vulnerable women, a second-annual delivery of a national peer-led symposium for HIV and/or HCV positive youth; MSM specific testing nights and support groups; four Aboriginal community health events involving HIV education/prevention; and, establishment of a North Island Pride committee and delivery of associated stigma and discrimination reduction activities in the region.

GetCheckedOnline: In our second year of implementation, we have continued to observe an increase in service usage and on-boarded an additional LifeLabs location in South Vancouver Island in summer 2017. As of September 26, 2017, 1388 accounts have been created which has led to 1059 individuals getting tested. More than half of the individuals tested have been male and 49 positive diagnoses have occurred (including HIV, syphilis, chlamydia and gonorrhoea). Island Health would like to expand to other Island regions in the future, pending increased funding for the BCCDC.

Healthcare provider education: In partnership with UBC CPD, Island Health delivered a workshop on MSM health in family practice in November 2016. We delivered two workshops on nPEP and PrEP prescribing, in collaboration with the BC-CfE, in spring and summer. We have also funded three community physicians in 2017 to undertake the BC-CfE HIV Preceptorship Program at St. Paul's Hospital.

Social Marketing Campaign: Targeted social marketing campaign to raise awareness of HIV/STIs and promote testing amongst men. Several mediums have been used including websites and apps (e.g. Grindr, Squirr), as well as promotion of GetCheckedOnline via Google search ads and external/internal transit advertisements.

Peer Navigation Program: Continued delivery of peer navigation services allowing for enhanced support for newly diagnosed individuals. Peer navigation staff are now partnered with our Victoria STI clinic and have been present for clinics to connect with clients on-site.

Pride: Coordination/support to Island Health's involvement in over four Pride events across Vancouver Island in 2017.

Viral hepatitis

Viral hepatitis services in Island Health, notably hepatitis C, are commonly delivered in an integrated manner with our HIV services across the areas of prevention, testing and treatment and are delivered in partnership with community organizations and physicians. Services are focused on enhancing equitable access to harm reduction education and supply distribution, working with community physicians to enhance testing offers to baby boomers, and providing timely and increased access to treatment. Island Health's Positive Health team in Nanaimo is based on an integrated service model including intensive case management services for highly vulnerable individuals. A total of 1243 referrals have been received since the program started in 2013; of the 183 referrals thus far in 2017, 169 have received treatment.

Overdose Crisis

Overdose Prevention Services and Supervised Consumption Services: Island Health has nine overdose prevention service sites across Vancouver Island (4 in South, 3 in Central and 2 in North Island). As of September 30th, a total of 49,455 visits to these sites occurred with 479 overdoses reported and no fatalities. Island Health received approval from Health Canada for the 941 Pandora SCS in August, 2017; the service is expected to be open in May 2018 once construction is complete. Island Health is awaiting approval for its second Victoria service, which is embedded in a housing facility operated by PHS Community Services Society. An application for a Nanaimo SCS is underway.

Naloxone training and distribution: 7,390 THN kits have been distributed in Island Health so far in 2017 (to September 30th); this is up from 5,335 in 2016. Significant focus has been placed on ensuring full training coverage across the health authority and further expanding naloxone training within community to individuals and organizations via Island Health and community partners.

Safe sharps planning: A 'Safe Sharps Disposal' document for the public has been developed and is available online with associated brochures provided at key service locations. Community drop boxes have also been supplied to numerous communities across the Island to support safe sharps disposal.

Enhanced Outreach Services: Outreach services have been scaled-up across several regions to enhance overdose response and the ability to connect with at-risk individuals in community.

Opioid Agonist Treatment: Rapid expansion of Opioid Agonist Therapy across Island Health including the opening of the Rapid Access Addiction Clinic in Victoria in February 2017.

The STOP HIV/AIDS Program would like to acknowledge the individuals who have lost their lives due to the opioid overdose crisis and the friends and families who have been impacted. We extend our heartfelt gratitude to all those who have and continue to be involved in response efforts.

2016/2017 Successes and Challenges in Northern Health

Background

The Northern Health Authority (NH) continues to work towards the priorities outlined in its 2016-2021 Strategic Plan¹, including improvements to the coordination and accessibility of health services across northern BC. NH is committed to working with physicians and the Divisions of Family Practice to implement a model of primary and community health care service delivery that is centred on the person and their family. This approach involves creating interprofessional teams working in collaboration with primary care providers to provide a range of health care services. This model of service delivery will increase the quality of care by providing continuity of care over time and across settings, resulting in better long-term health outcomes.

NH Preventative Public Health (PPH) and Regional Chronic Diseases continue to partner to steward the Northern Response to HIV and Hepatitis C (HCV), and implement actions articulated within the Northern HIV and Hepatitis C Implementation Plan.² Key successes over the last year related to HIV, Hepatitis C and the overdose crisis include:

Success 1: Addressing stigma and discrimination to reduce overdoses

In July 2016, twelve people from across northern BC shared their stories of personal or family experiences with drug use as part of NH's "Stop Stigma. Save Lives." campaign. The first three stories were published online³ in March 2017 with accompanying videos.

The objective of this project has been to build compassion, encourage empathy and contribute to a community that treats all people with dignity and respect. We know that stigma against people who use drugs results in discrimination, impacts health negatively and can contribute to drug overdoses. Learning from and sharing stories of people who use drugs can reduce stigma.

Success 2: Increasing biopsychosocial, person- and family-centred supports

NH's *HIV and Hepatitis C Specialized Support Team (SST)* was established this year. The Team comprises a pharmacist, social worker, nurse practitioner and dietitian, all of whom have expertise in supporting the needs of persons living with HIV and/or HCV (e.g., pharmacotherapy for complex co-infections, nutrition and food security concerns, psychosocial resources and supports).

Services are available to anyone in the NH region, including primary care providers, specialists, community organizations and persons living with HIV/HCV and their families. The Team links clients to primary care services and can provide referrals to appropriate treatment and support services, including peer support, addictions treatment, and housing.

¹ <https://northernhealth.ca/AboutUs/Mission,VisionStrategicPlan.aspx>

² <https://hiv101.ca/Portals/0/Documents/HHImplementationPlan.pdf>

³ www.northernhealth.ca/stigma

The SST has been working regionally connecting community partners with the intention of streamlining the patient experience through the health care systems. For example, the SST is working collaboratively with the Prince George Regional Correctional Centre to identify gaps that impact continuity of care (such as HCV medications) as individuals move through corrections and into the larger community setting. The SST is also working with the Prince George Public Health Resources Nurses group, the Interprofessional Teams, and the First Nations Health Authority to combine and evaluate existing HCV resources in order to support consistent messaging for front line care providers.

Success 3: Increasing, supporting and sustaining the reach of community-based responses to HIV and HCV

Increasing the reach

One year ago, NH was providing funds to four HIV/AIDS-focused community organizations and was carrying out a Request for Proposals process to distribute a total of \$1.59 million across northern BC. Today, NH provides funds to eleven community-based not-for-profit agencies and First Nations health organizations across the region who are providing on-the-ground client engagement activities in response to HIV and HCV (e.g., outreach, education and health promotion, distribution of harm reduction supplies, point-of-care testing). The contracted organizations are spread through all three of NH's Health Service Delivery Areas (Northwest, Northern Interior and Northeast) and services now reach residents of twelve northern communities and 23 First Nations communities.

Supporting the reach

Contracted organizations are members of a newly formed *Northern HIV/HCV Network*, and participate in quarterly teleconferences led by NH with support from the Pacific AIDS Network (PAN) and the First Nations Health Authority (FNHA). The Network serves as a virtual community of practice wherein member organizations are encouraged to share challenges, learnings and successes.

PPH has completed work to define the approval process for community sites under the Provincial HIV Point of Care (POC) testing program. These guidelines include instructions for new sites seeking approval, maintaining accreditation, and protocols for testing. A NH HIV POC approval committee was created, with representation from FNHA. Since then, two sites in the NW and two sites in the NI have received approval, staff have been trained and they are ready to start testing. Additionally, two indigenous communities that were previously HIV POC sites (one in the NI and one in the NW), were supported to resume HIV POC testing services and have begun training staff. There is an additional site in the NI that has recently initiated the process to become a new community testing site.

In addition, contracted organizations have been supported to stock and distribute take home naloxone as a strategy to increase access points to this life-saving medication. PPH continues to support staff education needs and to standardize the NH approach to care in this area.

Sustaining the reach

Through the development and implementation of a shared measurement framework, PAN plays a key role in the evaluation of the community contracts. PAN has worked with Network members to identify and measure outcomes related to client satisfaction with community services, client involvement in service provision, leadership and policy development, and relevance and effectiveness of NH community-based services. A forthcoming report will summarize preliminary results and inform future work in this area.

From Hope to Health Update:

Fraser Health (FH) continues to support and strengthen partnerships in HIV services across community and clinical practice, in order to strengthen the system of care for persons living with HIV across the FH Region. Thanks in large part to the efforts of our HIV community service organizations in the FH Region, persons living with HIV have improved access to comprehensive HIV services closer to home, with support being provided through community/clinical partnerships. This evolving collaboration has expanded the scope of support services offered, which has included increased specialized, population-specific responses, peer support services, and other innovative responses to meet patient population needs.

Over the past year, the STOP Program has initiated a program and services redesign process. This redesign is developing ways to improve clinical and community services to further support progress towards the *From Hope to Health* targets. This redesign includes new FH clinical lead positions, new streamlined teams focused on Prevention/Testing/Health Promotion and Case Management & Treatment, and targeted community based positions.

The FH STOP recognizes the need for tailored responses to priority population groups at risk of or living with HIV. An aim of the redesign process is for both clinical and community services to be more reflective of the diversity of program services required to meet the needs of various population groups who reside in the FH Region.

HCV Follow Up Update:

As a result of a FH pilot project which included enhanced follow up of individuals with hepatitis C (HCV) during 2013-2015, FH changed their guidelines for HCV follow up over the last fiscal year. Results of the enhanced follow up analysis found that a significant proportion of individuals who were identified as chronic HCV but <30 years old have similar risk factors to those with acute HCV and would benefit from public health interventions including outreach and referrals. Under the new guidelines, there is greater emphasis on supporting clients with acute HCV and clients <30 years of age.

The STOP nursing team offers outreach activities which include focusing on lost to care clients, increasing education about and providing access to HR supplies, distributing THN kits and linking individuals to other supports and resources. Due to the volume of chronic HCV for persons <30 years old, Fraser Health STOP team nurses now provide targeted education packages to HCPs to share with their patients to better support understanding of risk factors and treatment options for this patient population.

In addition to more targeted follow up with expanded supports for persons living with HCV, one of our primary treating provider sites in FH has been working on building collaborative models of care with various community and clinical teams to better support individuals who may be at higher risk for struggles with HCV treatment compliance. Positive Health Services has been working in partnership with the STOP Program, Addictions and Harm Reduction Services, Mental Health teams and other clinical outreach partners in order to provide more comprehensive supports for persons who are still actively

engaging in substance use and who may be simultaneously struggling with mental health issues. Strategies to collaborate on daily outreach for medication dispensing and assessments by teams with expertise in mental health and engagement strategies have proven highly successful in supporting individuals particularly for individuals at greater risk of not complying with their treatment regimen.

Overdose Response Update:

Since the declaration of the Public Health Emergency, FH is responding through a multi-pronged approach to reduce the number of opioid drug overdoses in the region. This includes efforts at:

- Enhancing surveillance and utilization of overdose data to inform our response
- Increasing overdose awareness education and working closely with community partners on overdose prevention and response
- Enhancing our harm reduction services as well as substance use services and supports
- Working to improve access to and administration of naloxone

Although many initiatives are underway, we would like to highlight two projects in particular:

1. Based on overdose (OD) surveillance data that indicated OD spikes appeared to coincide with social assistance cheque issue day, FH implemented an Enhanced Cheque Week Surge response. This was done in partnership with Public Health and Mental Health and Substance Use (MHSU), and involved outreach staff increasing their presence in the community on the Tuesday to Friday of weeks when income assistance cheques are issued. Activities included Take Home Naloxone (THN) distribution, referrals to services, harm reduction supply distribution, and responding to any ODs that they encountered. This initiative has been underway since March and takes place in 5 key communities with a heavy burden of overdoses.

2. A chart review of OD-related emergency room (ER) visits, along with a review of coroner data revealed that many of our ODs were occurring in people who had an identified home residence. Reaching these clients is challenging and the opportunity to improve connection and linkage to mental health and substance use services upon discharge from the ER was considered. This led to the development of a pilot project out of Surrey Memorial Hospital where clients presenting to ER with an OD were offered a follow up call from public health. Public health nurses connect with the client to ensure they are aware of community supports and harm reduction services, as well as help facilitate their linkage to MHSU services.

VCH HIV AND OVERDOSE INITIATIVES (2017)

HIV INITIATIVES

Prevention Strategies *(Goal 1: Reduce the number of new HIV infections in BC)*

First Nations Strategy

Vancouver Coastal Health (VCH) continues to maintain relationships with 14 First Nations in the region, responding to HIV and harm reduction requests such as support for the overdose crisis and Naloxone trainings. This year, we provided support for Musqueam, Squamish, and Tsleil-waututh Nations, with future events planned for Lil'wat and Heiltsuk Nations. New funding to support a second round of "Around the kitchen table" events has been approved.

VCH also collaborated on a 3-day Making Connections HIV workshop with FNHA, which focuses on HIV nursing education in First Nations communities. Knowledge translation activities following this project included presenting an abstract at the 2017 International Harm Reduction Conference.

MSM Program

In partnership with Health Initiative for Men (HIM), VCH embarked on an innovative venture to develop and open the Expanded Health Centre on Davie Street in February. This work included the transition of the nursing testing program from the BCCDC to VCH. The Expanded Health Centre focuses on HIV/STI testing resources including treatment, change advocacy, professional counseling supports, clinical consultation for non-occupational post-exposure prophylaxis (NPEP) and pre-exposure prophylaxis (PrEP) access, and primary care limited to men who cannot engage in health care services elsewhere.

VCH is currently focusing on developing supports for a potential Provincial PrEP program, including aligning nursing resources and developing related physician continuing medical education (CME) events.

HIV Testing Strategies *(Goal 3: Diagnose those living with HIV as early as possible in the course of their infection)*

Testing Model Innovation

VCH is exploring new testing models at local HIM Clinics, such as using different testing methods to increase access and free up nursing resources for other prevention activities. These pilots may include expanding access to the Get Checked Online model for more Vancouver/Richmond/North Shore residents.

HIV & POC Testing Workshop

VCH leads an ongoing 2-day HIV and POC testing workshop for nurses across VCH on a quarterly basis with involvement from educators, regional prevention, peers, and experts.

Expanding HIV Care, Treatment & Support *(Goals 4 & 5: Improve quality/reach of HIV support services & reduce the burden of advanced HIV infection on the health care system)*

Re-Engagement and Engagement in Treatment for Antiretroviral Interrupted and Naïve Populations (RETAIN)

In the RETAIN Initiative, VCH partners with the BC Centre for Excellence (BC-CfE) to engage and re-engage people in treatment to promote better individual health outcomes and prevent forward HIV transmission to others. Under the direction of the Chief Medical Health Officer, clients are engaged/re-engaged using standard public health practices (e.g., contact tracing, outreach support). VCH has dedicated clinical staff specific to this initiative, a Registered Nurse and an outreach worker. To date, we have received 224 active referrals from the BC-CfE. Seventy percent of these referrals have received a related intervention and 28% were confirmed to be re-linked to care.

STOP HIV Outreach Team

VCH's interdisciplinary STOP HIV Outreach team remains committed and open to the needs of complex HIV+ patients who require a higher intensity of support. The team consistently meets community demand and has serviced 357 new referrals this year.

OVERDOSE EMERGENCY RESPONSE

The VCH Overdose Emergency Response (OER) Team, in partnership with People Who Use Substances (PWUS), Peers, community organizations, and other VCH teams and departments has been working to develop a range of responses to the Overdose Crisis. Collectively, these initiatives are intended to reduce and prevent the harms associated with overdose and support PWUS to have access to safe and supportive health care services. While this list is not exhaustive, we've attempted to highlight some of the great work that is currently underway.

Overdose Prevention Initiatives

Overdose Prevention Sites/Housing Overdose Prevention Sites

The VCH OER team funds and supports 5 community-led and operated Overdose Prevention Sites (OPS) including a peer-led OPS run by the Vancouver Area Network of Drug Users (VANDU) and a women's only OPS, Sister Space, run by Atira Women's Resource Society. Together, these five sites serve an average of 754 PWUS daily. We have recently implemented fentanyl checking at all OPS.

The VCH OER team also funds and supports a number of housing-based OPS. These operate out of supported housing sites and are accessible to the residents of those buildings.

Tenant Overdose Response Organizers (TORO) Program

The TORO program supports peers who live in 12 Downtown Eastside (DTES) private SROs to keep Take Home Naloxone kits onsite, train other residents, and dispense kits as needed. Peers receive training and regular opportunities to come together and build their skills. The TORO program is delivered by the DTES SRO Collaborative, funded by VCH and supported by one of the OER team's nurse educators.

Powell Street Getaway Supervised Consumption Site

The VCH OER team worked in partnership with Lookout Society to launch the Powell Street Getaway, a five booth supervised consumption site (SCS) located at 528 Powell Street. Staffed by Licensed Practical Nurses, Harm Reduction workers and Peers, the Powell Street Getaway SCS is integrated into a mental health and substance use drop-in site and represents a new model of SCS in Vancouver.

Treatment & Community Outreach

Overdose Outreach Team

The VCH Overdose Outreach team (OOT) provides short-term support to clients who have overdosed, or are at risk of overdose, connecting them to a variety of health care supports including access to methadone and suboxone.

Injectable Opioid Agonist Treatment (iOAT)

VCH, in partnership with Providence Health Care, is expanding the capacity at the Crosstown clinic to serve an additional 50 clients who will benefit from iOAT. VCH is also supporting two community organizations, the Portland Hotel Society and Vancouver Native Health, to expand access to iOAT through a pharmacy-based model.

Learning & Education

Molson Learning Lab

This project is in partnership with the Portland Hotel Society. The Molson Learning Lab is designed to provide peers with the opportunity to develop a variety of skills. VCH has developed 20 learning modules that range from basic OD response training through to airway management and trans-inclusive care provision.

OD Community of Practice

The OD Community of practice is a weekly call that brings together frontline staff to discuss unusual overdose presentations, share concerns, wisdom, and solicit feedback from other people doing the same work.



First Nations Health Authority
Health through wellness

Two Key Successes related to: Overdose Crisis

1. Indigenous Wellness Program

- a. Fully staffed as of August 2017!
 - i. Andrea Medley – Indigenous Wellness Educator
 - ii. Len Pierre – Indigenous Wellness Cultural Designer
 - iii. Cherlyn Cortes – Indigenous Wellness Nurse
- b. This team is responsible for designing and creating culturally relevant curriculum and workshops that promote healthy sexuality and harm reduction with First Nations communities. Workshops are community-driven, trauma-informed, and strengths-based, and include the following topics:
 - i. Decolonizing Addiction
 - ii. Indigenous Harm Reduction Principles & Practice
 - iii. Take Home Naloxone (THN) Training
 - iv. Indigenous Perspectives on Healthy Sexuality
 - v. Community Conversations on HIV/HepC/STBBIs
- c. This team continues to develop partnerships and work with communities and organizations – if you are interested in working with the team to plan an engagement please contact: stbbi@fnha.ca

2. Not Just Naloxone – Pilot Program

- a. Goal: increasing capacity within FNHA's Regional Teams to create, facilitate and support safe conversations around substance use, addiction and harm reduction
- b. Train the Trainer approach: 3 day workshop in each of the 5 regions
 - i. First one December 2017 in Vancouver Coastal region
- c. Peer involvement will be central to the planning, implementation and evaluation

One Key Success related to: HIV

3. Making Connections Workshop

- a. Goal: increasing capacity for Community Health Nurses (CHNs) to skillfully engage and build relationships with people who use drugs for STBBI, HIV/HCV and Harm Reduction programming
- b. Biannual workshop offered in each region
- c. Participants attend a half-day experiential placement (or 'shadow shift') with a local, community based program offering these services
- d. CHNs are encouraged to bring another team member from their community
- e. Next workshop: Victoria in November



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Key Successes Summary report for the Pacific AIDS Network (PAN) Fall Conference – October 25, 2017

Overdose Crisis

- 1) Continued scale up of Take Home Naloxone (THN). The following infographics outline the latest stats: <http://towardtheheart.com/infographics>
- 2) BCCDC demonstrates a strong commitment to peer engagement and is involved in several initiatives including: the Peer Engagement and Evaluation Project (PEEP), The Compassion Inclusion and Engagement Initiative (in partnership with FNHA) and the British Columbia Harm Reduction Strategies and Services (HRSS) committee. PEEP recently concluded with the creation of the following guide: [Peer Engagement Principles and Best Practices](#). Additional peer engagement materials can be found here: <http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction/peer-engagement-evaluation>
- 3) BCCDC held the second annual Overdose Action Exchange Meeting in June 2017. The meeting brought together over 54 organizations with a diverse range of stakeholders including people with lived experience, policy makers, community organizations, public health leaders, government, academia, emergency health services, law enforcement, researchers and medical experts. A meeting report was developed that outlines 10 key action areas that are needed to end this crisis. The full meeting report can be found here: <http://www.bccdc.ca/resource-gallery/Documents/bccdc-overdose-action-screen.pdf>
- 4) BCCDC is committed to hosting an in house overdose prevention site during all day HRSS and peer involved meetings that last over 3 hours.

HIV and *From Hope to Health* framework

- 1) Chee Mamuk initiated the Encouraging Strong Paths program. This program is designed to explore prevalent issues within indigenous men's health and wellbeing. The first program ran out at Cheakamus Centre in Squamish Territory. Four teams from across BC met and participated in group building activities to gain insight as to what it will take to create community engagement/relationship building with other men in their home communities. The participants walked away from the program with a sense of hope that they are able to pursue their men's health programming in their territories.
- 2) Ongoing scale-up of 'Get Checked Online' in VCH, Island Health and Interior Health.
- 3) Developing a care pathway for pre-exposure prophylaxis (PrEP) at BCCDC STI clinics.
- 4) Initiated HIV&HCV 'Collective Impact Network' with PHSA contracted agencies.

Viral hepatitis

- 1) The BC-Hepatitis Testers Cohort (BC-HTC) has now been updated to include 1.7 M British Columbians tested for hepatitis C (HCV), HIV, those infected with hepatitis B (HBV) or M. Tuberculosis. This dataset has been used to help understand the population burden of HCV in BC to generate reports and/or

scientific publications.

- 2) Data from the BC-HTC has been used to support how BC is performing compared to the 2030 World Health Organization hepatitis C elimination targets. This information is available at:
http://polarisobservatory.org/polaris_view/hepC.htm
- 3) The First Nations Health Authority has also agreed to allow the FNHA client flag to be included as part of the BC-HTC. This will enable the FNHA to help understand how HCV affects First Nations People so they can better understand how to prevent, care and treat Indigenous people.
- 4) Hepatitis Education Canada (a BCCDC program), with its partners, produces simple and effective evidence-based, multi-lingual hepatitis C resources. Some, such as our Frequently Asked Questions booklet, are among the most popular education materials available through CATIE's Ordering Centre.
 - a. Recently launched is Getting Started: Important Things to Know When You have Hepatitis C, a booklet for those newly diagnosed (in collaboration with CATIE).
 - b. Hepatitis C: The Basics is an interactive course that is effectively addressing consumer and provider knowledge gaps and increasing HCV engagement with care, both on- and off-line (at community education events).
 - c. To download these and other resources, visit www.hepatitiseducation.ca

Prepared by: Annelies Becu, Manager, Special Projects, BCCDC



PHAC Update on Opioid Crisis & Harm Reduction

Community-Based Harm Reduction Fund (HRF)

- **Goal**
 - To reduce the negative health impacts experienced by drug and substance users as a result of sharing drug use equipment (intravenous drug use and crack inhalation)

- **Expected Outcomes**
 - Increased knowledge of ways to reduce risk behaviours related to the sharing of injection and inhalant drug use equipment
 - Strengthened capacity (skills, competencies, abilities) to prevent infections associated with shared drug use equipment
 - Increased access to harm reduction services, STBBI testing and other health services
 - Reduced stigma and discrimination toward mental health, addictions, and those using drugs
 - Reduction in risk-taking behaviour among shared drug equipment users, including unprotected sex

- **Funding**
 - \$3M (2017-2018); \$6M (2018-2019); and \$7M (2019-2022 and ongoing)
 - To ensure that funding reaches those populations at risk, funding would primarily support time-limited, front-line interventions and capacity building activities in communities with high rates of HCV and/or HIV among people who share drug use equipment
 - Communities experiencing high rates of injection and related drug use and HCV/HIV rates as a priority (“hotspot”), where federal investments can complement provincial investments and priorities

- **Eligible Activities**

Support front-line prevention activities:

 - Safer drug use education resources for active users
 - Peer outreach workers that can encourage users to access harm reduction facilities/services
 - Peer-led patient navigation services to assist with scheduling of appointments, providing reminders, and intervening if persons fall out of care, referrals, etc.

Capacity-building of individuals, providers and systems:

 - The meaningful engagement of drug user networks
 - Professional development training guidelines (pharmacists/health providers)
 - Training for existing health providers (eg. motivational interviewing)



- Fund the development, evaluation and dissemination of best practice models

Funding for the implementation of enhanced behavioural and biological surveillance at the local level

- **Current Status**

- Treasury Board approval was obtained last month
- CCDIC is in the process of completing bilateral calls with P/Ts (set up by respective Regional Offices) to collect input on priorities and recommendations for funding in the short (current Fiscal Year) and longer term, now that HRF parameters have better definition (P/T feedback was initially informally sought back in May-June 2017, which helped shape the development of this fund)
- CCDIC is also working closely with Health Canada's Substance Use Addictions Program to avoid duplication amongst the two funding programs

Canada Drugs and Substances Strategy (CDSS) – reinstatement of harm reduction into strategy

- The Government of Canada announced an updated drug strategy in December 2016, which formally restores harm reduction as a key pillar, alongside existing pillars of prevention, treatment and enforcement
- See CDSS infographic attached

PHAC National Epidemiology Study

- PHAC is working collaboratively with Provinces and Territories (P/Ts), including BC, on a two-part study to better understand contextual factors contributing to deaths related to opioid or other illegal substances.
 - First part is a qualitative study examining Coroner and Medical Examiners' impressions of overdose-related deaths and trends across Canada. Preliminary results are expected by end of November 2017
 - Second part of the study is a mixed qualitative/quantitative chart review study on all drug deaths. Preliminary results are expected by Spring 2018

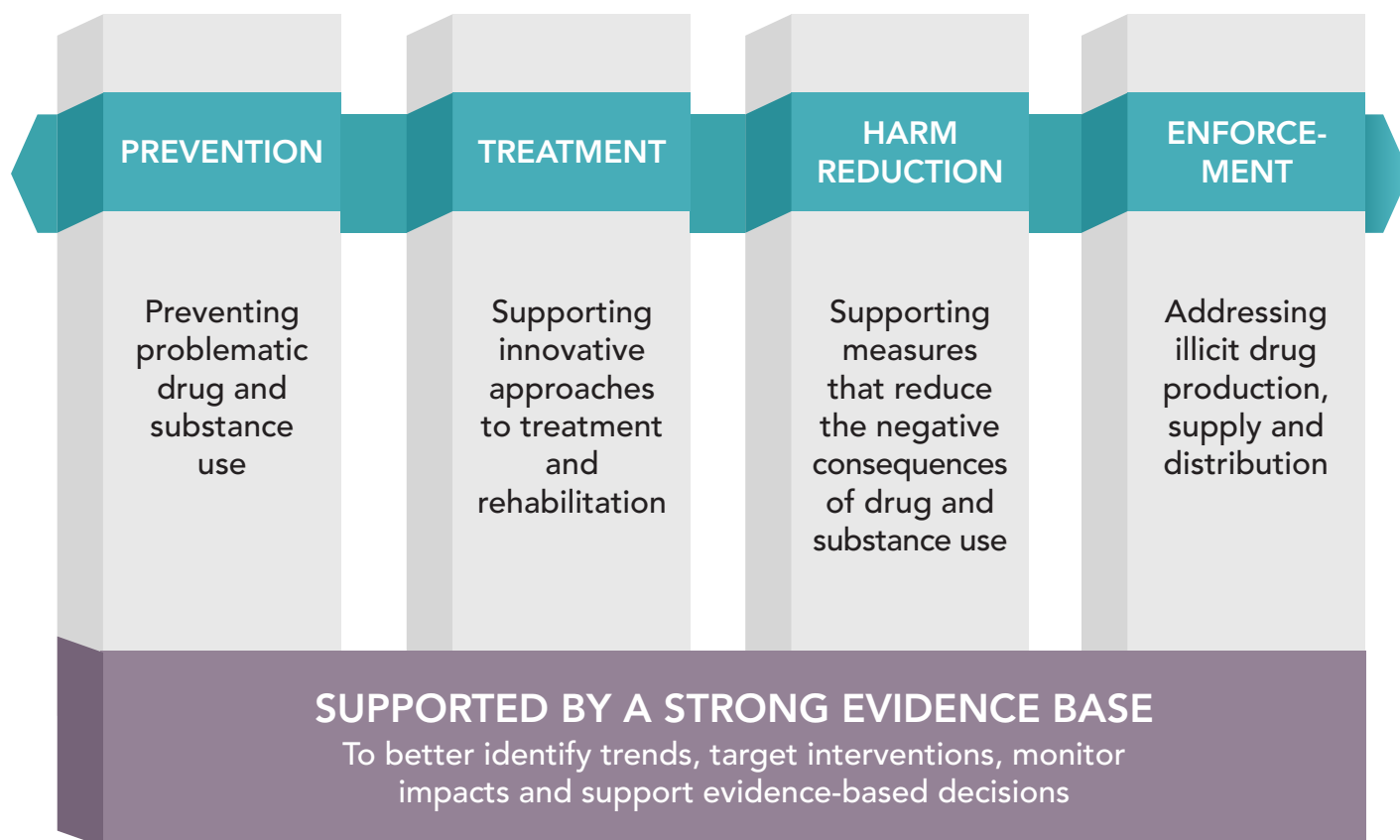
PHAC epidemiology supports to BC

- PHAC has provided P/Ts with short- and long-term staff to support overdose surveillance. To-date, PHAC has responded to four short-term surge support requests (total 14 weeks support) in BC to assist with the analysis of overdose-related cases deaths in the province. In addition, there is currently a PHAC Epidemiologist based at the BCCDC for period two years to support work related to overdose surveillance and the BC Provincial Overdose Cohort Study

For details on additional federal actions to the overdose crisis, please see:
<https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/federal-actions.html>

CANADIAN DRUGS AND SUBSTANCES STRATEGY

A COMPREHENSIVE, COLLABORATIVE, COMPASSIONATE AND EVIDENCE-BASED APPROACH TO DRUG POLICY



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