

January 23, 2018

Doug Hughes  
Deputy Minister, Ministry of Mental Health and Addictions  
*Sent via email: MH.DMOffice@gov.bc.ca*

Dear Deputy Minister Hughes:

We write on behalf of the Pacific AIDS Network (PAN), to request an in-person meeting with you to discuss how our network might support the Ministry of Mental Health and Addictions in addressing the overdose emergency. This letter aims to introduce you to our work and provide background for our potential discussion.

PAN is a proactive provincial network of roughly 50 community-based and allied organizations working to address HIV, HCV and related conditions. PAN facilitates communication and the sharing of best practices, and provide professional/workforce development and leadership trainings to our members and people living with HIV (PLHIV). We also provide face-to-face networking opportunities, opportunities for mutual support; education and skills development; promote community-based research (CBR) and evaluation; and undertake collective action to influence public perceptions and policies affecting persons living with HIV, hepatitis C, those most “at risk” and other people with lived experience.

Our membership includes many harm reduction agencies on the frontlines of the opioid crisis which is an ongoing priority for PAN. Since May of 2017, we have been meeting on an ongoing monthly basis with MoH and MMHA staff to discuss areas of collaboration and for the purposes of information sharing. In late December we were pleased to invite staff from the new provincial Overdose Emergency Response Centre (OERC) to join these standing meetings. We applaud the creation of the OERC and we look forward to supporting efforts to improve not only the emergency response to BC’s opioid crisis, but developing a sustainable supportive system of care for years to come.

Over the last year and a half, we have highlighted the following concerns regarding the OD crisis:

#### **Learning from the Past**

Community-based organizations (CBOs), frontline agencies and PWLE have played a pivotal role in the STOP (Seek and Treat for Optimal Prevention of HIV/AIDS) provincial initiative, providing “wrap around care”, testing and retaining people in treatment. PAN and our members have been proud to work alongside the province, the health authorities and the BC-CfE vis-à-vis STOP. For the OD crisis, we fully support the development of a Cascade of care (like STOP) and wrap-around services (like the HIV response). PAN and our members have great capacity and experience that can be utilized.

#### **Increasing the level of investment for CBOs**

The demands placed on our member organizations due to the OD crisis have great and continue to be so. Our members need more resources to respond to the increased needs and to maintain their existing level of support, treatment and prevention services. We know that many ODs are not being counted, leading to potentially underestimating the magnitude of the issue. Funders will need to better resource agencies and programs that are effectively providing low-barrier services that help to link people to care and to keep them on treatment (e.g. The AVI Nanaimo Centre has a close to 90% retention rate after 12 months).

#### **Supporting Novel approaches**

We urge greater access to OST across province, especially for those wanting supports in navigating systems to access, maintain or reconnect with treatment. We need a community of practice (capacity building network) and a network of prescribers that supports continuous care and links to other service across all the Health Authorities. We continue to call upon all layers of Government to work together to consider scaling up and funding evidence-based practices such as OPS.

Alongside the BCCSU, we would like to see greater access to drug testing. Furthermore, PAN, our members and allied stakeholders such as the BC-CfE, continue to call for Drug Policy reform, advocating for the federal government to examine positive evidence coming from decriminalization pilots in other countries.

### **Supporting those on the Frontlines**

PAN as a provincial network, is committed to doing all that we can to provide support, capacity building and education for frontline workers and PWLE – the vast majority of which unfortunately do not have access to the same supports and resources as first-responders and public health/primary care workers.

As documented in our widely circulated [Rapid Assessment Report](#), responses from those working directly with the crisis, were clustered around similar needs related to supporting staff, clients, peers at the frontlines, as well as increased training opportunities, enhanced knowledge sharing, and increased funding. Crucially, when asked about the need for support related to grief, vicarious trauma, and compassion fatigue, all respondents answered with a firm and loud “yes.” We need to support these workers, care for their mental health and wellbeing, and see them as a crucial resource in this crisis. PAN would like to expand our work addressing burn-out and sustainable practices for those on the front lines. Additionally, peer workers need to be (better) compensated and supported in their own needs - they are seeing more trauma on a daily basis than anyone else. PAN has been working with BCCDC, BCCSU and other agencies concerning peer compensation, and halting redundancy in the reproduction of same efforts.

### **Changing Public Perception and Addressing Stigma**

As with the HIV epidemic, we need to address stigma – moving the OD crisis (and issues of addiction, mental health and homelessness) from moral choice or criminal activity, to public health concern. We need to foster greater public awareness about the value and need for Harm Reduction.

### **Concerns for the future**

Particularly on the federal level, we are seeing a reallocation of funding resources. This has led to the concern that we might see new pockets of HIV/HCV infection as OD crisis is targeted. Certainly, many of our member agencies have been “stretched thin” responding the OD situation – there are great concerns about the ways this is impacting their ability to provide HIV and HCV related services.

### **Partnering for the Common Good**

We recognize that the relationships between ministries, the health authorities and community-based organizations are critical ones – and not always easy. Given our decades of experience addressing the HIV epidemic, and with grassroots mobilizing and innovating, PAN and our members are uniquely positioned to test new and novel approaches along the continuum of care; to scale up effective, low barrier harm reduction services; to engage people where they are at; and to help facilitate consultation and meaningful engagement with people with lived experience.

Finally, we are committed to advocating for, and participating in, a stronger, more coordinated response to the crisis (which we are beginning to see) and to greater levels of accountability at all levels – government, health authority, police and law enforcement, as well as the community sector.

This forms the basis of our request for a meeting with you. DM Hughes, we greatly appreciated your words and presence at the AVI/SICORN Overdose Prevention and Response symposium held on December 12<sup>th</sup>. We look forward to the opportunity to discuss in person how PAN can work with your team.

**Most Sincerely,**



**Jennifer Evin Jones**  
**Executive Director, Pacific AIDS Network**



**Katrina Jensen**  
**Co-Chair, Pacific AIDS Network, and**  
**Executive Director, AIDS Vancouver Island**

Cc. Miranda Compton, Operations Director - Overdose Emergency Response Centre, BC Ministry for Mental Health and Addictions