# 2017 PAN Fall Conference – Day 1

*Wednesday October 25, 2017*

**DRAFT NOTES**

**NOTES:** Madie Eirikson (Contractor)

## Opening and Welcome

Conference opened by Greater Vancouver Native Cultural Society.

Opening Remarks

*Jennifer Evin Jones (Executive Director, PAN)*

- Welcome to all and especially to new attendees!
- Encourage all delegates to interact with myself, PAN staff and board members over the course of the next two days.
- Acknowledge all the work that is being done by PAN members on the "front lines", including addressing the opioid crisis – great challenges are being met against considerable odds and often against a backdrop of funding uncertainty.
- Thank you to event sponsors (PHSA, Merck Frosst, Vancouver Foundation, Canadian Institute of Health Research, CIHR Collaborative Centre in HIV/AIDS: A Program of REACH).
- These face to face opportunities are growing increasingly rare and we are grateful for the resources to bring us all together like this. Invite everyone to join me in making the utmost use of our time together, to learn from each other, challenge each other and above all to support each other.
- Reflections on community and the strength and power of a network like PAN: "I know there is strength in the differences between us, I know there is comfort where we overlap" - Ani DiFranco.

## Government and Health Authority Partner Panel: Presentations on Key Successes Related to Overdose Crises, HIV & STOP, HCV

*Attachment: Summary Handouts – Highlights related to HIV and 'From Hope to Health' Framework, viral hepatitis, and overdose crisis*

*Moderator: J. Evin Jones*

### Ministry of Health (MoH)

*Gina McGowan (Director, Blood Borne Pathogens)*

*Attachment: Responding to BC Opioid Overdose Epidemic – Progress Update October 2017*

- *From Hope to Health: Towards an AIDS-free Generation* - 2016/17 Progress Report on its way and will include data disaggregated by gender.
- HIV PrEP update: Generic versions available as of August. Ministry aims to have review in listing decision before end of calendar year.
- HCV: There has been a delay moving forward and finalizing the "refreshed" provincial HCV strategy *Healthy Pathways Forward*. This must now be done by the new Minister of Health Dix. Draft strategy mirrors WHO guidance for eliminating virus. Don't know if new funding will be available, could use targeted funding approach.

*Carolyn Davison (Director, Problematic Substance Use Prevention)*

Update on response to overdose emergency:

- Access to publicly available naloxone increased dramatically.
- Opened more supervised consumption services.
- The BC Center on Substance Use and the Ministry of Health developed guidelines for Injectable Opioid Agonist Treatment (OAT), and they aim to reach all British Columbians who need these services.
- Despite efforts, high numbers of overdose and overdose deaths continue in the province.
- Province has funded HEMBC's Mobile Response Team (MRT) to reach out to volunteer/staff and community organizations for resiliency training, etc.
- Moving to escalated response. Not just public health and safety issue – response needs to transcend multiple ministries.
- Engaging people with lived experience is crucial. We will be creating a way for collaboration and involvement.

### Interior Health (IH)

*Maja Karlsson (Manager, HIV & Health Outreach)*

*Attachment: Interior Health Update, October 2017*

Background: Reorganization at Interior Health 2 years ago resulted in a more inward focus. In addition, the recent public health crisis turned IH's focus onto overdose emergency response. As a result, work related to HIV and BBIs became more about maintenance rather than development.

Successes from last year:

- Peer Support Toolkit (work began in May) to be launched in November – can be a great resource for rural/remote settings where there are fewer people living with HIV.
- IH was doing very poorly in providing STI services. In May, a new hire was brought on to review STI services in Interior Region and provide recommendations.

### Island Health (VIHA)

*Sophie Bannar-Martin (Regional Manager, STOP HIV/AIDS, Bloodborne Diseases & Harm Reduction)*

*Attachment: Island Health 2017 Snapshot*

Successes:

- Interdisciplinary partnerships to actualize the 90/90/90 target. Community agencies are seeing clients reach targets.
- Grassroots partnerships: Community development grant program coming into 5th year to support grassroots activities (incl. Pride Committee on North Island).
- HIV outbreak: Surge of cases on south island. Huge collaboration efforts to provide rapid care. Anxiously awaiting wider PrEP coverage.
- Opioid Crisis response: Since December of 2016, 9 Overdose Prevention Units delivered by community agencies and 2 supervised consumption sites are in process of being approved.

### Northern Health (NH)

*Joanna Paterson (Lead, Chronic Disease Strategic Initiatives)*

*Attachment: 2016/17 Successes and Challenges in Northern Health*

- Increasing biopsychosocial, person and family-centered supports: NH's HIV and HCV Specialized Support Team (SST) now officially established. Regional in scope. Supports continuity of care by connecting people with primary care as close to home as possible and other supports. Recently working with partners to create streamlined patient experience of care.
- Increasing, supporting and sustaining the reach of community-based responses to HIV and HCV: NH is now funding 11 community based non-profit agencies across region working in HIV and Hep C areas. Along with SST, these community-based organizations (CBOs) are part of The *Northern HIV & HCV Network*, serving as a virtual community of practice. The CBOs are also working to increase point of care testing across the region.
- It's been a pleasure being a part of PAN's work, PAN plays a key role working with network members.

### Fraser Health (FH)

*Sherry Baidwan (Manager, Public Health, Communicable Disease Control, STOP HIV/AIDS, & Harm Reduction Programs)*

*Attachment: Fraser Health STOP Program Update*

- Reviewed and redesigned the STOP programs to support further progress towards *From Hope to Health* targets.
- Using data and surveillance to inform initiatives to reduce opioid drug overdoses in the region (e.g. targeted outreach for overdose spikes during cheque week; pilot project at Surrey Memorial Hospital with follow-up calls offered to patients post discharge from OD to facilitate connections with community supports, harm reduction services, and MHSU services).

### Vancouver Coastal Health (VCH)

*Misty Bath (Regional Manager, HIV Services)*

*Attachment: VCH HIV and Overdose Initiatives (2017)*

- To reduce the number of new HIV infections in BC and diagnose those living with HIV as early as possible, in support of the *From Hope to Health* strategy, VCH successfully launched a new expanded health center on Davie St. in partnership with Health Initiative for Men early this year focusing on HIV and STI testing resources including treatment, change advocacy, counselling, etc.

*Elizabeth Holliday (Manager, HIV Prevention, Harm Reduction and Aboriginal Partnerships)*

- We celebrate the innovative peer-led initiatives. We're at a watershed moment with peer leadership; we learn so much from them. Heartfelt appreciation to all the peers we work with!
- Overdose emergency response peer-based highlights: TORO Program and Molson Learning Lab.

### First Nations Health Authority (FNHA)

*Andrea Derban (CDC Nurse Specialist - HIV/HCV, Health Protection)*

*Attachment: Key Successes*

There is a statistical overrepresentation of First Nations populations in these issues and we acknowledge the resilience, strengths and assets of those communities.

- Overdose crises success: New Indigenous Wellness Team has created training around de-colonizing addiction; they do naloxone training, workshop on indigenous perspectives, healthy sexuality and more. Contact stbbi@fnha.ca to get them into your community.
- Overdose crises success: Not Just Naloxone pilot project using 'train the trainer' approach. Starting in December through Spring across HAs.
- Success related to HIV: Making Connections Workshop build capacity of Community Health Nurses to skilfully engage and build relationships with people who use drugs.

### Provincial Health Services Authority (PHSA)

*Annelies Becu (Manager, Special Projects BCCDC)*

*Attachment: Key Successes Summary Report*

- Overdose crisis successes: Scaling up Take Home Naloxone, continuing commitment to peer engagement, and holding the 2nd annual Overdose Action Exchange Meeting.
- HIV successes: Encouraging Strong Paths program, scaling up of 'Get Checked Online', and developing care pathway for PrEP at BCCDC STI clinics.
- HCV successes: Updating the BC-Hepatitis Tester Cohort data and making evidence-based HCV resources available through Hepatitis Education Canada program.

### Public Health Agency of Canada (PHAC)

*Sheena Sargeant (Senior Manager, Public Health Programs, Western Region & Jackie Wu (Regional Senior Advisor, Opioid Files)*

*Attachment: PHAC Update on Opioid Crisis & Harm Reduction*

- Community-Based Harm Reduction Fund: Last December, harm reduction was reinstated as one of the 4 pillars in our strategy. Funding for year 1 will be in place by the end of the year supporting front-line prevention activities and capacity building.
- PHAC National Epidemiology Study: Collaborating with Provinces and Territories on a study to better understand contextual factors contribution to deaths related to opioid or other illegal substances.

### Q&A Session moderated by J. Evin Jones (Executive Director, PAN)

Before the conference, all members were sent a survey and invited to send in their questions for the panel, comprised of the speakers above. Please note that the questions and debate are the opinions expressed by individuals and do not necessarily represent the views of PAN or its members.

#### *Questions from the Pre-Conference Survey*

Q1) A) Will the health authorities be signing on to the U=U (Undetectable = Untransmittable) consensus statement? If not, what are some of their concerns? B) Science has demonstrated no transmission in cases of undetectable viral load, but our laws do not reflect this evidence yet. How are you supporting the reform of our criminal laws and the decriminalization of HIV non-disclosure?

- (Annelies, BCCDC) We have signed onto the campaign and are having discussions with management. Currently working on training, information available on smart sex website.
- (Sheena, PHAC) Recently did a review of evidence and provided it to the Department of Justice. Currently waiting to hear back; hope to make evidence available to the public shortly.
- (Sherry, FH) We have signed on to support and are sharing evidence as requested.
- (Misty, VCH) Unsure if HA as a whole can sign on. Regional Program and individual practitioners can sign. Medical officers are in support.
- (David Moore, Physician Lead, BCCDC) Should be a public health issue not a criminalization response. The issue is with changing prosecutorial guidelines

around when it is appropriate to charge with sexual assault. Discussion at the provincial level is an ongoing issue.

- (Neil, PLBC) Prosecutorial guidelines are necessary. PLBC in partnership with other organizations has been actively pushing to remove non-disclosure of HIV from aggravated sexual assault. Federal Criminal Code needs to change. The Canadian Coalition to Reform HIV Criminalization released its Consensus Statement. You can support by sharing this on Twitter or emailing it to ministers.
- (Sophie, VIHA) Not adopted by HA but programmatically they acknowledge the evidence.
- (Maja, IH) Commits to going back to the Medical Health Officer and the Team to discuss how to sign onto the consensus statement.
- (Gina, MoH) Provincial Health Officer has been engaging with Crown Prosecutors for a while on decimalization and not getting far. The actual issue is the Federal Criminal Code, which is out of the hands of the provinces. Will continue work on changing the prosecutorial guidelines. We have long recognized this in BC and is inherent in our treatment/intervention approach. Would love to work with regional HAs to see if this is something they can sign onto.

Q2) How will each organization/agency support people in getting tested for Hep C, being linked to care and support, and being provided with treatment?

- (IH) Services are disjointed and being managed individually. Massive amounts of work still to be done.
- (VIHA) Similar disjointedness. Need to anchor GPs' and health practitioners' work around when to test, space and know-how. Welcomes provincial guidelines.
- (FH) STOP Nursing Team has been engaging individuals.
- (VCH) All of Hep C work is done under Primary Care Portfolio. Primary Care procured a portable fibro scan machine, shared amongst 5 clinics creating increasing ability to screen, assess, and move treatment forward. Robust inter-disciplinary support on those teams. The *2015-2016 Annual Report on VCH Community Hepatitis C Program* is available here.
- (BCCDC) Developed a reference guide for Hep C testing (2016) intended for Primary Care. Hep Education Canada Program also available.
- (NH) Working with Primary Care model and supporting testing through them. The HIV & HCV Specialized Support Team provides capacity building and support to clinicians. Fibro scan has been made more accessible and they hope to acquire more units.
- (MoH) Through funding of STOP services, MoH has been looking at continuum of services to ensure they're available for the range of diseases affecting a population, not just HIV or HCV.

Q3) Through Public Health Agency of Canada's Community Action Fund, many organizations were impacted by funding restructuring. Health Authorities/Ministry

– what have you done to address the service gaps that will be created? What pressure (if any) are you bringing to PHAC to provide adequate funding so services won't be lost come April 1st (when transition funds end)?

- (FH) We are aware of the impacts this is having on front line services in the Fraser Health region and it is a concern to us.
- (Misty, VCH) HA is asking how can we best support our partners. Sustaining ongoing funding is a challenge.
- (IH) We've had lots of conversations and tried to advocate as much as possible at every level for expanding whatever funds are available. Without gap-filling funds there will be a negative impact. Plans are to continue to support in whatever way we can.
- (VIHA) We are lucky that AVI, the major CBO in our region, was not affected by this funding change.
- (PHAC) HA's have been advocating very well and working collaboratively with PHAC to best fill in the service gaps.
- (MoH) We've enveloped that issue into the STOP Collaborative Implementation Committee (CIC). Working with regional HA's to identify key issues and identifying where opportunities exist to fund organizations.

### *Questions from the Floor*

- (Katrina Jensen, AVI) for Carolyn – Please explain a bit more about moving towards an emergency management approach. How can we prevent situations like a youth turning 19 while in treatment and bring discharged in the middle of a program?
    - (MoH) Our detox system is not always serving the population well. The issue remains of people falling through cracks in the system. We need to change our systems and structures to be more responsive to the crisis.
    - (MoH) Significant lessons from HIV response can be applied to this opioid crisis, i.e. 'Warm Hand-Off'.
- (Bob Hughes, ASK Wellness Society) There is a link between homelessness epidemic and treatment responses. Where are linkages between initiatives from the BC province to build 2,000 new modular supportive housing units and the MoH & Ministry of Mental Health? HIV organizations have a place in the domain of providing housing.
    - (MoH) Government is attending to that through a cabinet working group on addictions, housing, etc., which brings ministers together to drive change around this intersect. Under that, deputy ministers are meeting. Mandate letters are requiring responses to the opioid crisis.
    - (MoH) Planning is in the works for a BC Command Center that is meant to provide a coordinated response to the opioid crisis – anticipate that this will develop a structure that provides clear direction on developing action plans and reviewing implementation strategies. As a result, people who end up at emergency departments should be better linked with OD prevention sites and housing.

- (Ross Harvey, Positive Living BC) New HIV infections still not declining below 200 annually. Epidemic is not over; it is joined by opioid epidemic and the two are clearly linked. Some of the best-established community development programs were born from HIV crisis but are now having to serve in the current opioid crisis. This will further fuel the crisis. Total cuts to HIV services total to 1.4million/year. HA's please go to governance structures and have them make direct representation to Health Minister and MP's, make it a political issue and fight the federal cuts.
- (Rodney Olinek, Fraser Region Aboriginal Friendship Center) Siloed funding and divisions between conversations are barriers to us providing service to First Nations peoples. We need to bridge gaps between services.
- (Erica Thomson, SARA) What is HA's role around drug policy reform and talking with the Justice Ministry? How do we take this as a health issue when we're still decriminalizing?
    - (MoH) Right from the beginning in BC, there was a joint approach between health and public safety, which was incredibly helpful in this province but it is not happening other jurisdictions. We're advocating to other jurisdictions that is has to be joint. Now we're also realizing that we need to involve housing, education, etc. We also need to consider what we can address at the provincial level working across multiple ministries (public safety, health, education, etc.).
- (William Flett, YouthCO) With U = U there is growing momentum but also growing pushback. What strategy are people using for addressing concerns?
    - (unrecorded) Demonstrates where we've already been. In BC, we haven't seen issues with drug resistance, it's similar to conversations around how we're not seeing increased STI's related to HIV PrEP. We need to look at the evidence before we start talking about theories.
- (John Cameron, DTES Consumers' Board) We have the highest rate of opioid prescription in Canada. More focus needed on prevention.

## Conversations on Canadian Drug Policy

*Moderator: Heather Holroyd*

Discussion today builds on the 2016 Conference proceedings and the focus on the OD crisis. Following last year's session PAN produced a Rapid-Assessment Report (link) and a Drug Policy Report (link). Presentations to follow are on: What's Next for Drug Policy in Canada: ideas that would have the biggest impact on the opioid crisis, and, what it would take to make these a reality.

### A Crisis of Contamination

*Dr. Dan Werb (Li Ka Shing Knowledge Institute, St. Michael's Hospital)*

*Attachment: Presentation PDF*

Bio: epidemiologist and policy analyst focusing on HIV substance use and evidence-base policy to improve public health.

What we see now is no longer a crisis of drug use, it is a crisis of contamination.

- Supply-led strategies lead to public health problems. This overdose crisis has similar roots as other epidemics facing people who use drugs (HIV and HCV, abscesses/cellulitis, untreated mental illness, mass incarceration).
- These are the inevitable results of intervening (from supply side) on linked markets. Fraudulent marketing of prescription opioids, untreated opioid use disorders, incentivizing drug market efficiencies, efficiency (size) = potency.

Responding in 4 Steps:

1. **Communicate Risk**: engagement with people relying on supply, based on peer knowledge, reliable and trustworthy, must be devoid of moralizing.
2. **Treat poisonings**: oxygen, naloxone, medical attention, and connecting with 'hidden' populations.
3. **Remove contaminants:** street drug checking - identifying toxic substances – and there is a knock-on effect if person is using with a friend or dealing. It also increases risk competency and is the only intervention that mitigates risk of OD prior to drug use.
4. **Replenish supply.** New normal is not business as usual. We need to introduce stasis to the market: medication-assisted treatment (methadone, buprenorphine, suboxone), prescription heroin, standard-dose opioids.

Barriers to responding to contamination:

- **Stigma, Scale-up, Political will -** All 3 relate to ongoing criminalization of opioids. Federal government is saying 'stigma is bad' without considering decriminalization – which does not consider the link.

How do we move forward?

1. Change starts with a realization that we are already halfway there. We have heroin prescription, medication-assisted treatment, SIS, street drug checking… a de facto 'micro-regulation'. Multiple regulatory structures exist: recreational cannabis etc.
2. We need to confront where are policies are taking us.

We have a messy, chaotic, and suboptimal regulation of opioids in Canada. The system already exists but responsibility has not yet been taken to fix its problems.

- Experts call for a focus on preventing transmission by moving prevention systems upstream, prevent them from injecting in the first place.
- Injection initiation is a social phenomenon and transmits through social networks. How do we prevent this from happening?
- Switzerland 1993-2006 study. There was a marked and sustained reduction in the number of people who've recently started injecting and an aging out of those who do.
- Combination Structural Approaches (CSA): Supervised injection sites, Medication assisted treatment, stable housing, and diversion from prison.

- People at risk of initiating are at a heightened risk when around others who inject. The CSA (above) reduce this risk by reducing exposure.

Conclusions:

1. We need to scale up the tools we already have.
2. Scale up happens by addressing stigma.
3. Stigma can be reduced through policy changes.
4. Policy change happens by recognizing what already exists: a poor system of regulation.
5. Scale up can help us reach HIV prevention goals.
6. Injection drug use initiation is a process of practice-sharing.
7. People who inject drugs often do not want to initiate others.
8. Stabilizing the drug market can help stabilize the rate of injection drug use initiation.
9. The goals of harm reduction and prevention are aligned.

**Questions from the Floor**

- (Erika) What is your opinion on the Denmark treatment model and models that allow people to maintain autonomy and choose their direction?
    - (Dr. Werb) In the case of Tijuana, there's only a taper option, no maintenance option and it didn't work. The more we can cater to people's needs, then they may not need to be engaged in the healthcare system more broadly.
- (Daryl Luster, Pacific Hep C Network) Stigma has enabled policies that continue to stigmatize and provide an environment where we can be ignored. You're suggesting policy is a great tool for addressing stigma?
    - (Dr. Werb) Policy can also increase stigma. But if we want to address stigma we need to look at the institutional roots.
- (Hesham Ali) If it's a supply problem, tackling decriminalization is a demand solution. Tackling legalization and regulation is a more appropriate supply solution.

## Journalism's role in public discourse around substance use disorder and drug policy and how it effects the public's perception of these issues

*Andrea Woo (The Globe and Mail)*

*Attachment: Link to video*

*Due to a breaking news situation that suddenly pulled her away, Andrea Woo, a journalist with the Globe & Mail, who has written extensively on Canada's drug policies, kindly gave her presentation by video. The notes follow.*

My apologies that I am not able to be there in person!

- We can start by acknowledging that we have made some good progress around how and how often we discuss these issues. Not too long ago harm

reduction was written in quotation marks but now there is momentum building.

- The public is better understanding the reach of substance use disorders and see that it is not a fringe issue.
- Stories that say 1500 people are expected to die from OD do not bring about the level of outrage we would hope. Metrics show that stories about people who are not typically associated with drug use are shared more widely than an average drug policy story. This is frustrating but these stories are opening the eyes of people who would not normally be thinking about drug policy.
- Language is so important, i.e. using 'overdose' versus 'poisoning' and considering phrases like 'a drug supply that is poisoned with fentanyl'.
- We often do not realize the harm and stigma that language can have. If you see language that you find problematic, please send an email to the writer and point it out.
- Momentum: once you have reported on the issue and possible solutions, it's hard to know how to keep people interested. I turn to people like you on the front lines to contact media with your thoughts.
  andreawoo@globeandmail.com

## PAN 101 Presentation & Lunch

*See presentation

## Forum for Persons Living with HIV/AIDS (PLHIV)

*See separate draft minutes

## Executive Directors Summit

*See separate draft notes

## AGM

*See separate draft minutes