PAN
Strengthening BC's collective action on HIV, hepatitis C, and harm reduction.

CSUN
COALITION of SUBSTANCE USERS of the NORTH

PAN and CSUN Key Messages

Presentation to Select Standing Committee on Health – July 5, 2022 (10 AM)

1) Funding: We need Increased targeted funding to support workers on the frontlines - including peers -doing this work

Concerns:

Community-based organizations, including user groups, have been shouldering a huge burden in terms of work, care and grief - particularly over the past 2 ½ years and working with dual pandemics.

Funding for the front lines has to be sufficient and accessible. Funding has to be sustainable and enough to compensate staff - including peer workers- fairly.

When the NDP created a separate Ministry of Mental Health and Addictions in 2016 it was no doubt done with the best of intentions. However, the vast bulk of funding for the province's overdose response comes from the Ministry of Health, with the MMHA being more of a policy ministry. In turn, the MoH funds the Health Authorities.

Many PAN members are the sole provider or are one of only a few that provide harm reduction services in regional and rural communities. Members have consistently identified challenges with funding models and approaches from regional health authorities that limit their ability to be responsive to emergent and evolving community needs in the face of the drug poisoning crisis. These challenges include short-term contracts, funding for time-limited projects with restrictive criteria and little room for community engagement. Members also report that there are very few mechanisms for their involvement in the development and implementation of the overdose response and no provincially applied policies in the delivery of harm reduction services.

Recommendations

CBOs and peer user groups like CSUN require consistent core funding and procurement processes to be able sustain their work, retain key staff, and allow for the flexibility to deal with whatever comes next.

Ask the Ministry of Health to work collaboratively with the MMHA to develop new funding approaches and models to support the front line response to the drug poisoning crisis - we need a better way of resourcing the work on the ground.

2) Expanding Safer Supply and Alternatives to the Poisoned Drug Supply

We need to provide people who use drugs with true alternatives to the poisoned drug supply and other harm reduction services to where it is needed

Concerns:

Our 2nd key concern and set of recommendations pertain to the need to expand safer supply and offer other alternatives to the toxic drug supply. As you have no doubt heard already, there are some challenges with people being able to access safer supply as provided for by the current risk mitigation guidance.

PAN surveyed our members twice, and presented our findings to (former) Minister Darcy and Minister Malcolmsen. From these surveys and from our regular meetings with members and allied organizations, we have heard about the following challenges:

- Lack of prescribers (especially in regions like the north),
- Too low of a dosage available
- The need for other options besides hydromorphone to be prescribed
- People needing to be diagnosed with a substance use disorder can be a barrier

Related, we have heard:

- About a lack of testing options for drugs, especially outside of Vancouver.
- Stigma and criminalization of people who use drugs (PWUD) leads to using alone and greater risk of harm. Municipal bylaws and policing practices are having a deadly effect.
- Lack of inhalation options- the need for inhalation options is dire as smoking is now the most common method of illicit drug consumption.

Recommendations:

- We need to strengthen and expand the medicalized solutions - building on the good work that came from the Risk Mitigation Guidelines. This includes expanding the formulary of what prescribed options are available. This also includes options for inhalation.
- We need to engage more prescribers (physicians) and develop more ways for nurses and nurse practitioners to be involved.
- We need to develop options for virtual prescribing (telehealth, Zoom) esp. Important for rural and remote regions. We can look to the FNHA and their “Doctor of the Day” program.
- We need clear direction from the province to municipalities, to support more Overdose Prevention Sites (OPS) and witnessing where needed, and not shut this direction down with municipal bylaws.
- We need to ensure that any new supportive housing or complex care housing has witnessing and other services on site to stop people from dying alone. BC Housing has to be a full partner in this commitment.
- We have seen many successes with the medicalized model - but we also support the call for non-medicalized solutions, such as compassion clubs, where people can purchase the drugs they want knowing they are safe - led by drug user groups.

Looking to CSUN’s work as a model and our successes:

- Offering prescription deliveries. This stabilizes PWUD and moves them to access on their own (this does not even happen in bigger cities, move to better dose in a quicker way via titration).
- We know that rural/remote areas are not getting the best outcomes due to isolation, (like on reserves). FNHA/First Nations peers are vital in this. We have ideas for weekly drop-offs to reserves around Quesnel.
- Engaging directly with their peers helps those who have been already harmed by the system (by racism, oppression, stigma) - and is vital to their healthcare, social determinants of health, and engaging with wrap-around services.
- Peers doing intake forms and making applications also gives medical staff more time to focus on their areas of expertise.

Finally, whether providing safe supply in a medicalized model, or non medicalized model - and when considering other solutions to bring forward to your colleagues in the legislature …We know that in Quesnel, at CSUN, the work was born out of necessity. We didn't have resources, but we knew what would work and we found a way forward. Please listen to people who use drugs, to our intelligence and our expertise.