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**The Bridging Project: Strengthening the Community-Based Response to the  
HIV/HCV co-infection epidemic in BC  
November 23 & 24, 2011 - Prince George**

Presentation delivered by: Hermione Jefferis, Health Promotion Educator, AIDS  
Vancouver Island

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harm reduction  
&  
peer engagement

the bridging project november 2011

# Harm reduction as an idea...

**wash your hands**

*brush your teeth*

*wear a seat belt*

**use a helmet**

*don't drink and drive*

**don't smoke**

*avoid fatty foods*

*keep your dog on a leash*

**If you do smoke, do it outside away from your family**

**GET A FLU VACCINE**

- **Harm reduction, as it relates to substance use, is a continuum, ranging from abstinence to 'using'.**
- **Harm reduction aims to keep people safe and minimize death, disease, and injury from high risk behaviour.**
- **Harm reduction is a public health approach.**
- **Harm reduction involves a range of support services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier.**

<b>Assumptions</b>	<b>Car Related Harm</b>	<b>Drug Related Harm</b>
<b>Pragmatic</b>	People are going to use cars	People are going to use drugs
<b>Values free</b>	Car driving is not evil or wrong	The use of drugs is not evil or wrong
<b>Risk is inevitable</b>	There will continue to be car related harms	There will continue to be drug related harms
<b>Risks can be reduced</b>	Through a combination of measures. E.g. Road rules, car design standards and driver training	Through a combination of measures. E.g. Regulation of drug markets, provision of education and information to inform user behaviour and choices, and the provision of equipment (clean needles) and medications (methadone) that can mitigate risk.

## **The following are the basic tenets of harm reduction:**

- ❖ recognizes the intrinsic value and dignity of human beings
- ❖ seeks to maximize social and health assistance, disease prevention, and education, while minimizing repressive and punitive measures
- ❖ recognizes the right for comprehensive, non-judgmental medical and social services and the fulfillment of basic needs of all individuals and communities, including users, their loved-ones and the communities affected by drug use
- ❖ does not judge licit and illicit drugs and drug use as good or bad, rather it looks at people's relationship to drugs, emphasizing the reduction of drug-related harm and the encouragement of safer drug using

- ❖ recognizes the competency of users to make choices and change their lives, including their drug use
- ❖ demands that the individuals and communities affected by drug use be involved in co-creation of strategies for harm reduction interventions and programs
- ❖ expects accessible, flexible, non-judgmental drug treatment
- ❖ supports accessible syringe exchange and the supply of sterile drug using and safer sex equipment
- ❖ challenges current drug policies and their consequences, such as misrepresentations of drug users and misinformation about drug use

## **Research shows harm reduction activities can:**

- Reduce HIV and hepatitis transmission
- Reduce overdose deaths and other early deaths among people who use substances
- Reduce injection substance use in public places, and reduce the number of used needles in public
- Reduce the sharing of needles and other substance use equipment
- Educate about safer injecting and reduce injecting frequency
- Educate about safer sex and sexual health and increase condom use
- Reduce crime and increase employment among people who use substances
- Increase referrals to treatment programs and health and social services



# A SHORT HISTORY OF HARM REDUCTION IN BC

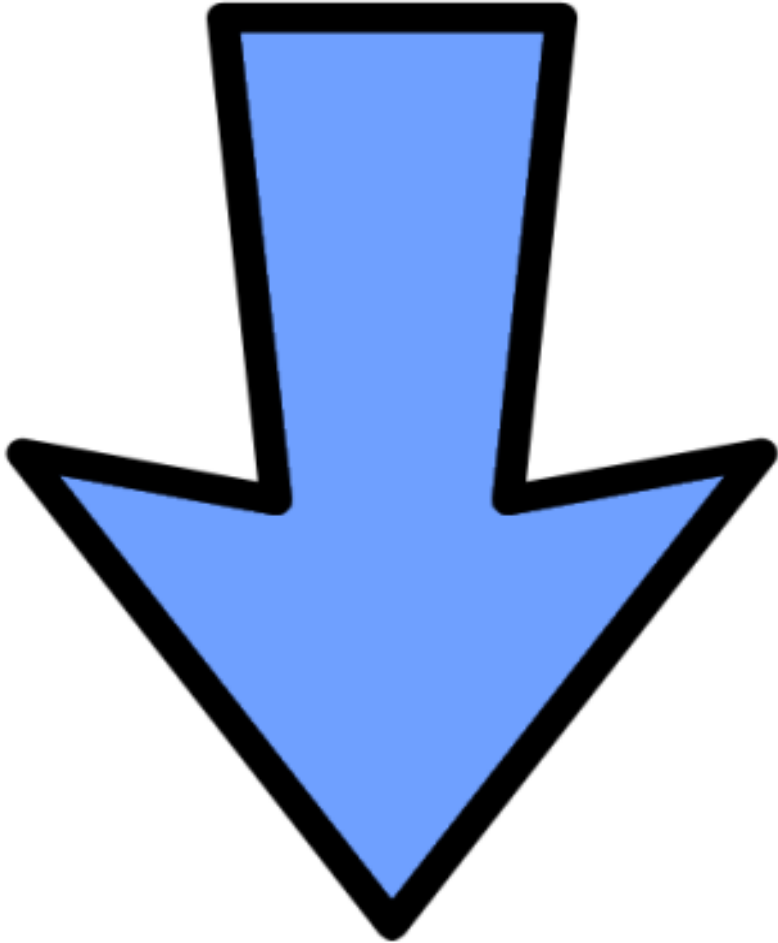
- ✓ **1984** first needle exchange is launched in Amsterdam, Netherlands
- ✓ **1986** first supervised injection site is opened in Bern, Switzerland
- ✓ **1988** BCCDC Street Nurse Program begins
- ✓ **1988** first needle exchange program opens in Victoria
- ✓ **1989** first needle exchange opens in Vancouver
- ✓ **1991** needle exchange opens in Prince George
- ✓ **1997** public health emergency declared in Vancouver by Chief Medical Officer in response to overdose deaths, and sky rocketing Hepatitis and HIV rates
- ✓ **1997** Peer based group VANDU is formed in Vancouver
- ✓ **2001** Four Pillar Approach adopted by City Council in Vancouver (prevention, treatment, harm reduction, and enforcement)
- ✓ **2002** Dr. Peter Centre provides supervised injection site
- ✓ **2003** Insite opens in Vancouver
- ✓ **2003** Peer based group SOLID is formed in Victoria
- ✓ **2004** City of Victoria unanimously approves a harm reduction policy
- ✓ **2008** supplies for safer crack smoking become available
- ✓ June **2008** AIDS Vancouver Island's fixed site needle exchange program is closed
- ✓ In **2009/2010**: 5 million syringes/needles, 2.7 million vials of sterile water, and 3.9 million condoms are distributed in BC
- ✓ September **2011** the Supreme Court of Canada rules that to close Insite would be a violation of the Charter of Rights and Freedoms

# HCV and addiction are highly stigmatized conditions...

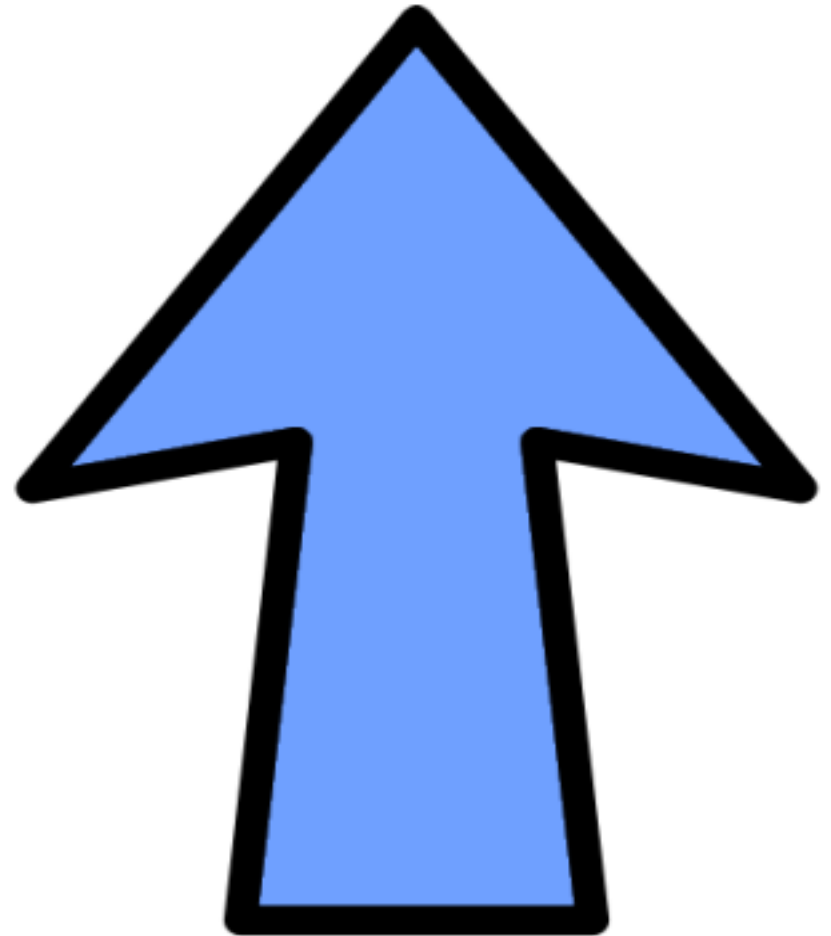
“Stigma refers to negative attitudes (prejudice) and negative behaviours (discrimination). These attitudes and judgements can affect how we think about, behave, and provide care to clients (*and in turn how they think about themselves and how they behave towards us*). Harm reduction providers work to build relationships with people to deliver the best possible service to individuals and the community. Effective client engagement recognizes the diversity of consumers...Services should understand why individuals are accessing harm reduction supplies and how to best support each person.”

From Harm Reduction training, BCCDC, italics mine

If stigma is  
reduced...



**self esteem is**  
increased.



- ✓ Opportunities for clients to become involved in their communities through advisory committees, peer education trainings, voluntary work, or outreach work can be significant in increasing their sense of personal empowerment and therefore their wellness.
- ✓ When self esteem and connection to others increases, people are less likely to engage in risky/harmful behaviours.

# Examples of peer engagement strategies being used in Victoria:

- SOLID (Society of Living Intravenous Drug Users): peer led group which holds support groups, offers advocacy, education, and peer trainings, participates in the community in a political context, and provides harm reduction information and tools.
- PEERS (Prostitutes Empowerment, Education, and Resource Society): support, advocacy, outreach, harm reduction information and supplies, and life skills programming for current and former sex workers offered in part by staff who are experiential.

## ➤ AIDS Vancouver Island:

- Peer led support groups
- Client centered Advisory Committees to inform and direct what trainings and services are needed
- Peer education trainings that includes HIV/AIDS, Hepatitis C, Communication Skills, Nutrition, Wellness, Community Resources
- Client focussed volunteer trainings and volunteer jobs that include reception, putting harm reduction supplies together, 'rig digs' (outreach into the community to pick up discarded needles and other garbage), food prep, and community education/outreach.

## Quotes from peer education participant feedback forms:

“The class has helped me, and when I have a conversation with other people I will have the knowledge to know how to recognize HIV and hepatitis C. It was a very helpful course.”

“This work is very important. Thank you for not forgetting us.”

Questions? Comments?