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BCCDC Needs Assessment: Harm Reduction Curriculum

Introduction

In the response to requests from drug user and harm reduction communities across the province, the Harm Reduction Services team at the British Columbia Centre for Disease Control (BCCDC) conducted a needs assessment to gain insight into the educational needs of people working in the field. Because this is an unprecedented time, and with the rapid expansion of staff roles and responsibilities, people are working in non-traditional ways to offer creative and flexible overdose prevention services, and additional supports are needed for people to feel equipped for the work they are being asked to do. Similar to the AIDS crisis of the 80s & 90s, quickly devolving services and regulation changes to allow for more lower barrier services have led to increasing fragmentation, repetition, and silos. While the increase in lower barrier services are of utmost importance, it is also imperative for the political and health sectors to rise to the challenge and provide relevant and requested supports for people. In order to move this work forward, we must move together in a collective and ethically rooted way that meets people where they are, without expectations or needs for them to be different, and to create connection and circles of care that support one another.

Brief Overview of Current State and Provincial Response

In 2016, the BC Provincial Health Officer declared a Public Health emergency under the Public Health Act in response to increasing overdoses.¹⁻² In the past three years there has been, and continues to be, a marked increase in overdose events and deaths as compared to previous years.² This is especially true for First Nations Peoples who make up only 3.45% of the Canadian population and comprise 14% of overdose events and 10% overdose deaths.³ In addition to the disparate impacts on indigenous peoples, the disparity within each health region across the province is becoming increasingly prevalent. Each region's response is dependent on those with decision-making power within mayoral and council levels as well as the health sector. Therefore it is the responsibility of each individual health authority to assess the need in their region and provide such emergency services in a manner consistent with regional, provincial and federal legislation.

¹ BC Government News Release (2016). Provincial health officer declares public health emergency, retrieved from: <https://news.gov.bc.ca/releases/2016hlth0026-000568>

² BC Government News Release (2016). Ministerial order supports urgent overdose response action, retrieved from: <https://news.gov.bc.ca/releases/2016HLTH0094-002737>

³ First Nations Health Authority (2017). Overdose data and First Nations in BC: Preliminary findings. Retrieved from: http://www.fnha.ca/newsContent/Documents/FNHA_OverdoseDataAndFirstNationsInBC_PreliminaryFindings_FinalWeb.pdf



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Respondent Demographics

The Harm Reduction Curriculum Needs Assessment Survey was distributed in two ways. One being an online survey sent out across the province, and second a paper version completed by some individuals who attended the 2018 British Columbia and Yukon Association of Drug War Survivors (BCYADWS) gathering. In total there were 139 respondents from across the province, and of those respondents, 18% (25) self-identified as indigenous (First Nations, Inuit, or Métis).

As demonstrated in Figure 1, 46% (64) participants disclosed living within specific health regions: Northern (9%), Interior (25%), Vancouver Coastal (27%), Vancouver Island (9%), Fraser (30%). 54% of people did not report which health region they resided.

Respondents by Health Region

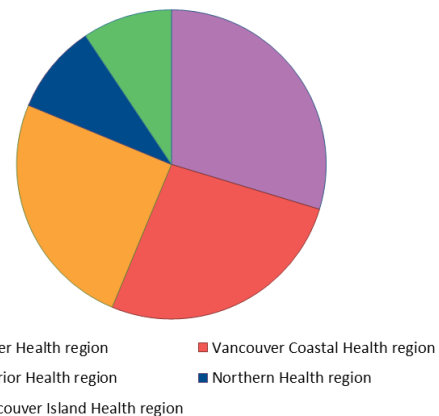


Figure 1: Respondents by health region

Figure 2 shows the roles people have at work, with the option to choose more than one selection. These included, but are not limited to, people with lived experience (35%), front line harm reduction workers (46%), nurses (37%), managers/coordinators (29%), and allied health (17%).

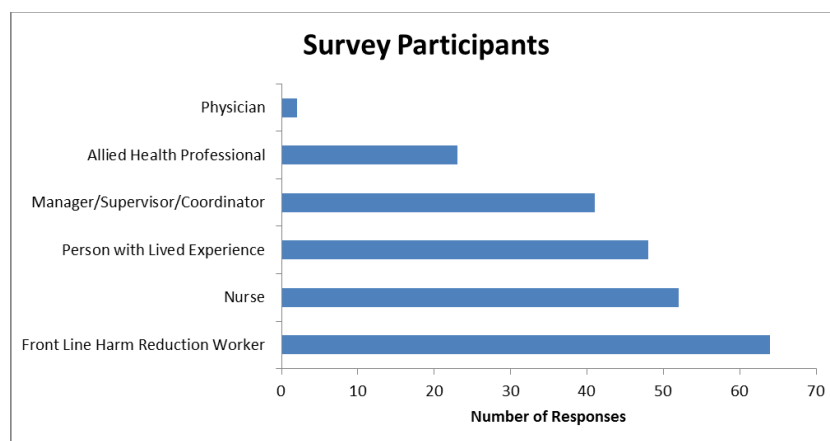


Figure 2: Survey participants

In figure 3, primary areas of work included public/community health (55%), outreach (37%), mental health (29%), primary care (21%), specialized care (14%), corrections/inreach (11%), on reserve (5%), acute care (4%), and other (e.g. sex work support, administration, advocacy, media, transition houses, etc.) (24%).

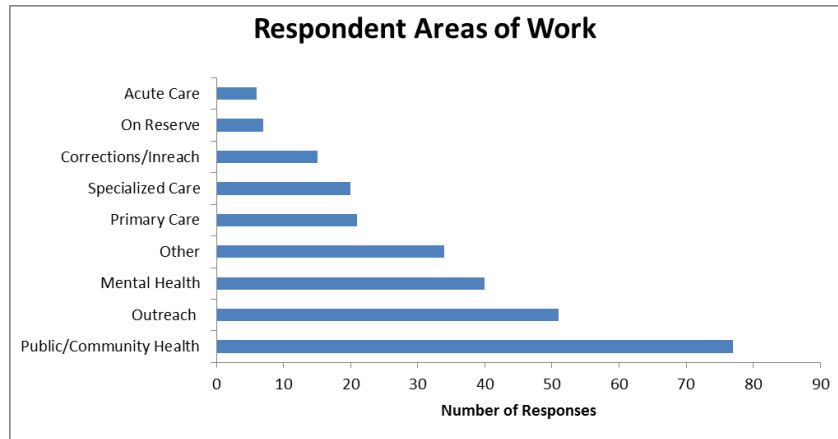


Figure 3: Respondent areas of work

Lastly, people who completed the survey reported having varying years of experience with the majority having had more than five years experience in the field (60%). See Figure 4.

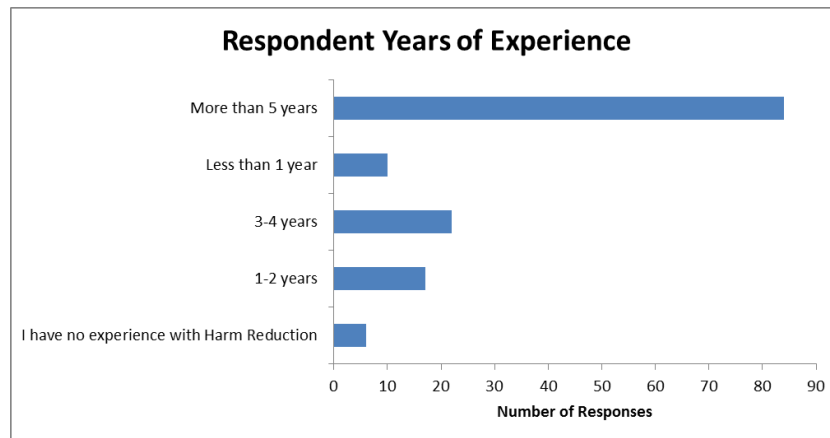


Figure 4: Respondent years of experience

Needs Assessment Findings

Findings from the needs assessment shows an increasing demand to include information beyond opioid use within education curricula. The top five topics identified by respondents as priorities for education curriculums included: safer alcohol use; assisted injection training; prohibition, liability/ legalities, drug policy; history of harm reduction; and harm reduction and acute care.

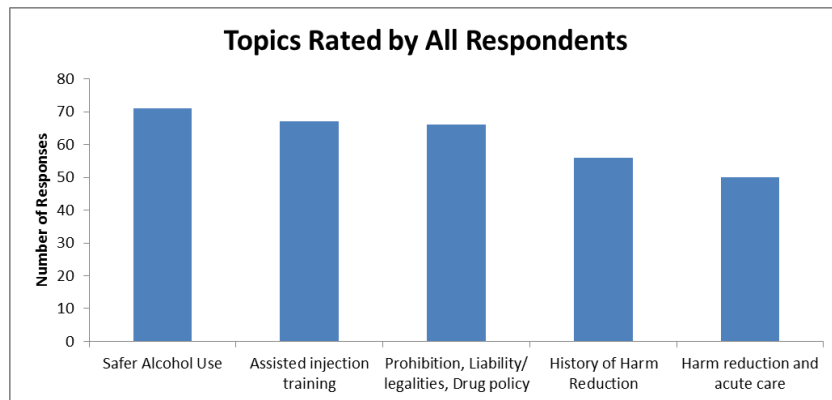


Figure 5: topics rated by all respondents

The top five topics reported by indigenous respondents included: safer alcohol use; prohibition, liability/ legalities, drug policy; harm reduction and acute care; peer organizing; and the role of people who use drugs in shaping harm reduction policy.

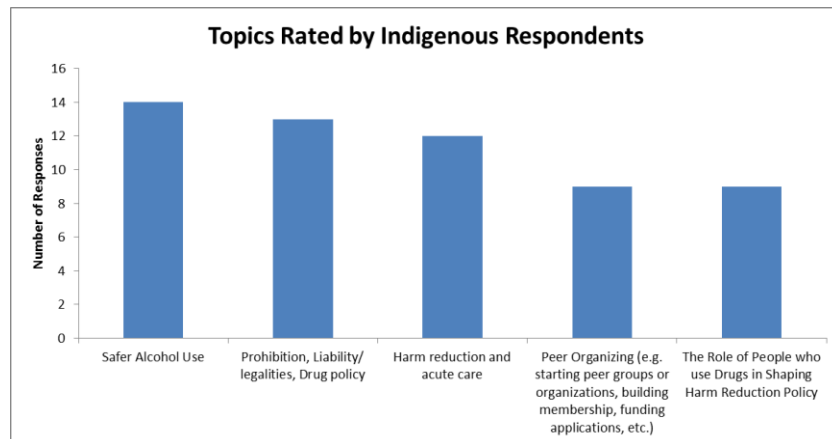


Figure 6: topics rated by indigenous respondents

Identified learning needs in regards to years of experience, respondents with 2 years or less of experience with harm reduction rated the top five course topic as follows: prohibition, liability/legalities, drug policy; safer alcohol use; history of harm reduction; assisted injection training; the role of people who use drugs in shaping harm reduction policy; and specific populations.

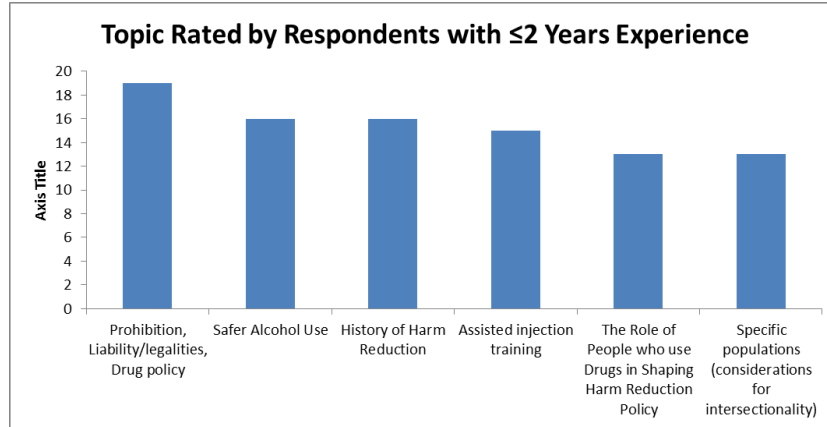


Figure 7: topic rated by respondents with ≤2 years experience

Similarly, respondents with 3-4 years experience with harm reduction rated the top five course topics as: safer alcohol use; history of harm reduction; prohibition, liability/legalities, drug policy; harm reduction and acute care; and specific populations.

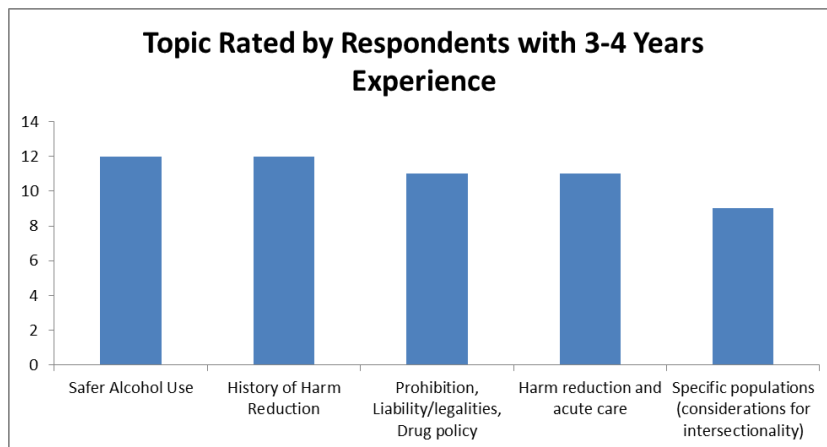


Figure 8: topic rated by respondents with 3-4 years experience

And lastly, respondents with five or more years experience with harm reduction rated the top five course topic as follows: assisted injection training; safer alcohol use; prohibition, liability/ legalities, drug policy; supervised injection/consumption sites (SCS)/ overdose prevention sites (OPS); and peer organizing.

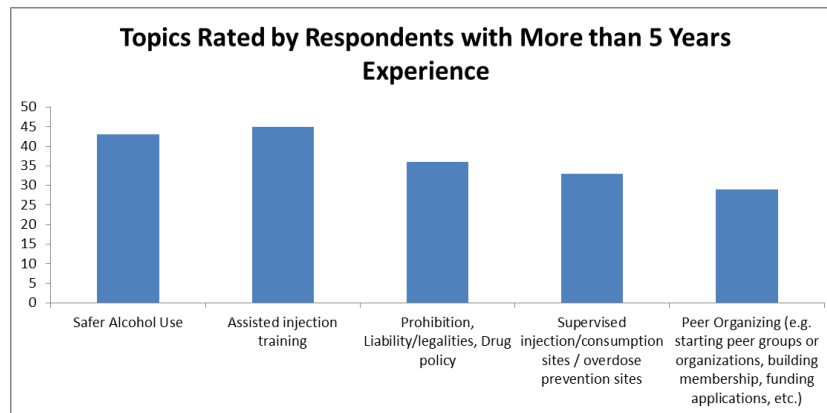


Figure 9: topic rated by respondents with 5 years experience

Survey participants were asked to report comfort levels with knowledge about substances and substance use. Among respondents, 63% were extremely comfortable with their knowledge, 29% felt moderately comfortable, and 8% felt not at all or slightly comfortable; among self-identified indigenous respondents 68% reported being extremely comfortable with their knowledge. When assessed comfort level by job description, 75% of front line harm reduction workers reported being extremely comfortable in their substance use knowledge, whereas 42% of nurses reported the same.

When asked about confidence in knowledge of harm reduction services (e.g. vein care, what supplies are used for, etc.), 56% felt very confident; more than half (77%) felt they had a good understanding of harm reduction as a whole; 75% felt confident they knew where to access harm reduction services; 73% reported either they themselves, or someone they know carries naloxone; and 78% reported feeling confident they could reverse an overdose.

Among respondents, 95% strongly believed that people who use substances deserve to have access to housing and programs regardless of active substance use; 86% believed the criminalization of people who use drugs is harmful; and 94% felt it is a priority to create connected and trusting relationships with people regardless of substance use history. Similarly, 94% of respondents strongly believed harm reduction has a positive effect on the community as a whole.

Discussion

Participants reported, across the board, that safer alcohol use; assisted injection training; and prohibition, liability/legalities, and policy are all existing gaps within harm reduction curricula. Other topics rated highly includes peer organizing, history of harm reduction, harm reduction and acute care, specific populations, supervised consumptions sites (SCS)/overdose prevention services (OPS), as well as the role of people who use drugs in harm reduction policy. To end, other important findings of the needs assessment showed that participants strongly believe in harm reduction and that all people deserve connection, relationships, and access to services and resources regardless of active substance use. While this may seem like common knowledge to some, it is important to acknowledge where our systems fail people who use drugs, and the amount of harm stigma, discrimination, and isolation our systems have created and continue to perpetuate.

Conclusion and Moving Forward

As a result of the province-wide needs assessment, the Harm Reduction Services Team at the BCCDC plans to move forward with a series of LearningHub courses available to anyone with access to a computer. Because the survey determined safer alcohol use as a top learning priority amongst respondents, creating an online course that provides more in depth information about alcohol use from a harm reduction perspective is necessary as a beginning step of making that work happen.

In addition to creating a series of courses, and as a response to the ongoing overdose and drug poisoning crisis, there is a responsibility for the political and health sectors to provide support for people to feel equipped to do the work. It is also the responsibility of the political and health sectors to be transparent of their efforts and to be accountable to the expert recommendations people with lived experience and indigenous peoples have provided up until this point. There are numerous reports, resources, documents, websites, and articles that contain rich information on how to move forward, and now is the time to meet those needs. This includes and should prioritize the need for a safer supply of drugs for people. For more information refer to the Canadian Association of People who Use Drug (CAPUD) and their safe supply concept document.⁴

⁴ Canadian Association of People who Use Drugs (2019). Safe supply: Concept document. Retrieved from: <http://capud.ca/sites/default/files/2019-02/CAPUD%20safe%20supply%20Feb%2020%202019.pdf>