



Northwest (HHS Region 10)

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

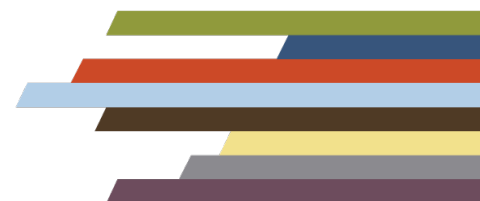


Northwest ATTC presents:

# Harm Reduction Service Use and Delivery: Lessons Learned from Vancouver, Canada

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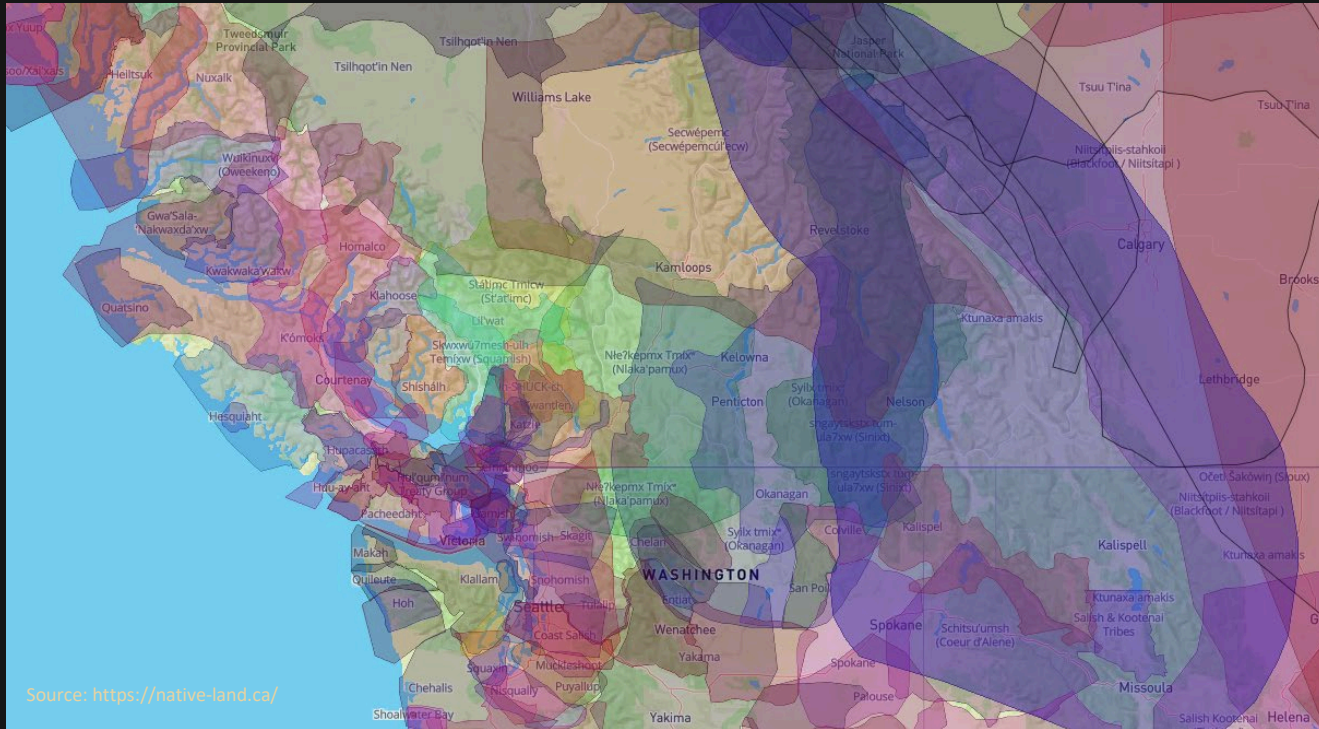


# Harm Reduction Service Use and Delivery: Lessons Learned from Vancouver, Canada

July 28, 2021

***BE BOUNDLESS***





I ACKNOWLEDGE AND RESPECT THE THE COAST SALISH  
 PEOPLE OF THIS LAND, THE LAND WHICH TOUCHES THE SHARED  
 WATERS OF ALL TRIBES AND BANDS WITHIN THE DUWAMISH,  
 SUQUAMISH, TULALIP AND MUCKLESHOOT NATIONS

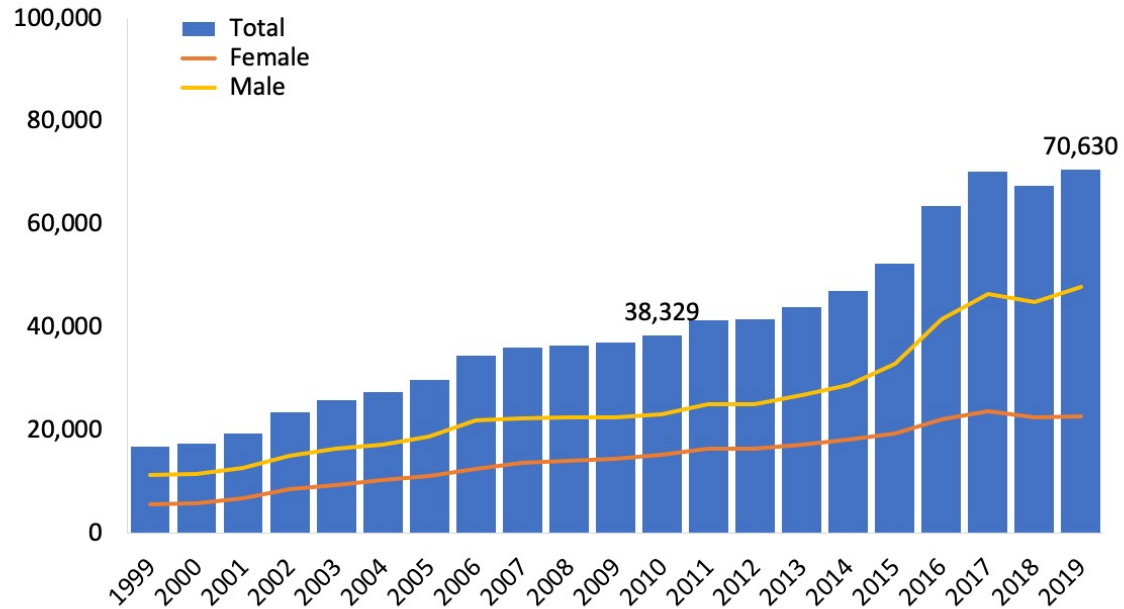


## AGENDA

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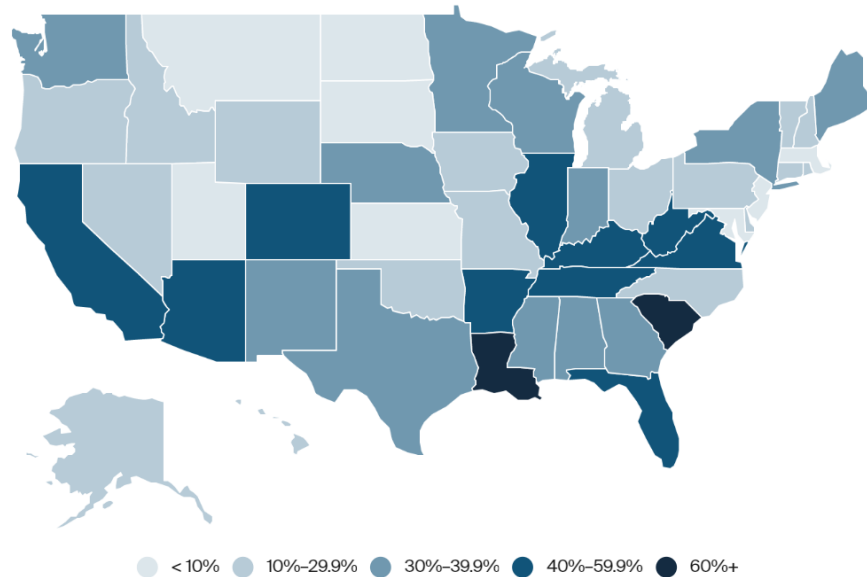
1. Defining harm reduction
2. Lessons learned from safe consumption sites in Vancouver, Canada
3. Recent harm reduction service changes
4. Lessons learned from community-engaged research in Vancouver, Canada
5. Future directions

**Figure 1. National Drug-Involved Overdose Deaths\*  
Number Among All Ages, by Gender, 1999-2019**



\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

## Estimated percent increase in overdose deaths, January–August 2020 vs. January–August 2019



Note: District of Columbia had an estimated increase of 72%; South Dakota had an estimated decrease of -4%.

Data: Jan.–Aug. 2019 final totals: CDC WONDER; Estimated Jan.–Aug. 2020 totals: Calculations based on National Vital Statistics System Provisional Drug Overdose Death Counts, CDC WONDER.

Source: Jesse C. Baumgartner and David C. Radley, “The Spike in Drug Overdose Deaths During the COVID-19 Pandemic and Policy Options to Move Forward. To the Point (blog) March 25, 2021. Obtained from the Commonwealth fund  
<https://www.commonwealthfund.org/blog/2021/spike-drug-overdose-deaths-during-covid-19-pandemic-and-policy-options-move-forward>

# WHAT IS HARM REDUCTION?

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Harm reduction is a set of **practical strategies** and ideas aimed at **reducing negative consequences** associated with drug use.

Harm reduction is also a **movement for social justice** built on a belief in, and respect for, the rights of people who use drugs.

# HARM REDUCTION SERVICES

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- Supervised consumption sites
- Needle and syringe programs
- Non-abstinence-based housing and employment
- Drug checking
- Overdose reversal
- Psychosocial support
- Provision of information on safer drug use



# GOALS OF HARM REDUCTION

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- > Keep people alive and encourage positive change in their lives
- > Reduce the harms of drug laws and policy
- > Offer alternatives to approaches that seek to prevent or end drug use

# SUPERVISED CONSUMPTION SITES

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- > A supervised consumption site (SCS) is a service intended to prevent fatal overdose and other substance-related harms by providing a safe and inviting space in which people who use drugs can do so under the supervision of the trained medical professional
- > 120 sites operating globally, no overdose deaths

# IMPACT OF SCS

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- **Increase referrals to drug treatment and other health services**
- Minimize the risk of HIV, hepatitis C, and hepatitis B transmission
- Minimize public drug use
- Improve public order and improperly disposed syringes
- Do not increase crime or encourage new use

(Potier et al., 2014; Kral et al., 2020; Kennedy et al., 2017; Davidson et al., 2021)



# SCS DEVELOPMENTS IN THE US

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- > No legally sanctioned SCSs in the United States
  - Unsanctioned site, undisclosed location, operating for 5 years (Kral et al., 2020)
    - > >10,000 injections, 33 opioid overdoses, 0 9-1-1 calls
  - July 2021: Rhode Island became the first state in the nation to authorize a two-year pilot program to establish "harm reduction centers" where people can consume pre-obtained substances under the supervision of trained staff
- > Documented local need in King County (Klein et al, 2020)



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# INSITE: NORTH AMERICA'S FIRST SCS

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- > **Opened in 2003**
- > **Significant opposition with 3 legal challenges**
- > **Started as a pilot**
- > **What helped:**
  - **Crisis framework**
  - **Substantial evidence**
  - **Buy-in from local stakeholders**

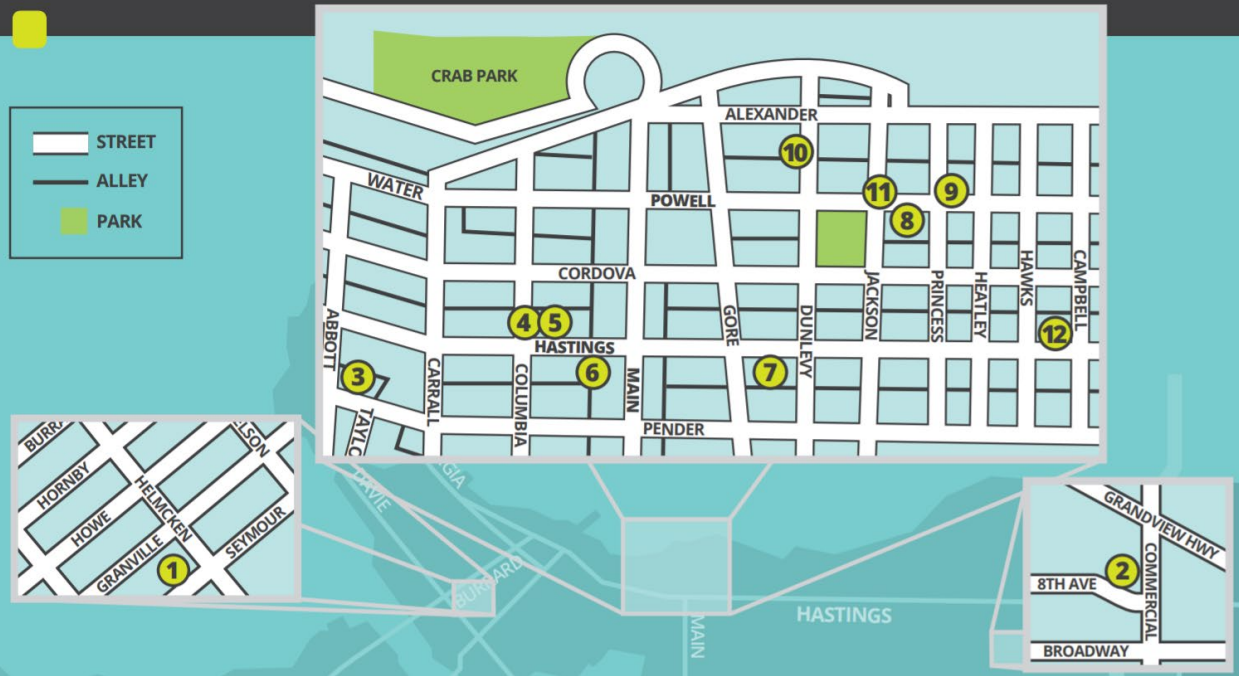
(Young & Fairbairn, 2018; Boyd 2013; Hathaway and Tousaw, 2008 )

- Costs: If Insite closed HIV infections would be expected to increase from 179.3 to 262.8 annually
- \$17.6 million in life-time HIV-related medical care costs
- Greatly exceeding Insite's operating costs, \$3 million annually (Pinkerton, 2009)



Image gratefully obtained from Vancouver Coastal Health

# OVERDOSE PREVENTION SITES AND SUPERVISED CONSUMPTION SITES:







Images obtained from: <https://dopeinc.info/2018/11/what-i-saw-in-a-day-on-the-downtown-eastside-shocked-me/>  
<https://twitter.com/grantlawrence/status/1062800553405829121> and <https://vancityoverdoseprevention.com/new-gallery>

# FOUR TIPS FOR SCS IMPLEMENTATION

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1. Conduct a needs/feasibility assessment

2. Determine the ideal SCS type for the setting

3. Establish a staffing structure

4. Create and implement policies and procedures



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# COVID-19 RELATED SERVICE CHANGES AND OPPORTUNITIES

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## > **Service disruptions:**

- > Decreased hours, more limited services (especially reduced HIV/HCV testing), mobile equipment delivery in syringe service programs (Bartholomew et al., 2020)
- > Similar trends in HIV service provision (Beima-Sofie et al., 2020)

## > **Service expansions:**

- > Telemedicine options for prescription of OAT, take-away doses and deliveries (Mongan et al., 2021)

# COVID-19 RELATED SERVICE CHANGES FOR SCSs

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- Screening
- Exclusion criteria
- Physical distancing
- Site changes: registration area, injecting area, aftercare area
- Overdose response
- COVID-19 tracking and testing

(Roxburgh et al., 2021)

# OPS INHALATION TENT STUDY

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- **Mixed methods study of the barriers and facilitators to OPS implementation**
  - > **Surveys administered to people using OPS in November-December 2020 (n=200)**
  - > **10-15 interviews with OPS staff in June-July 2021**
  - > **OPS visit logs Feb-April 2020, Feb-April 2021**

# OPS INHALATION TENT STUDY

Did you know?  
More than half of people we surveyed said they used alone more since COVID-19.

Safe spaces where people can use drugs are needed now more than ever! Don't use alone. Download the Brave App.

Ben Burdell

In December 2020 researchers and community members surveyed over 175 clients at OPS, these are early results that we want your thoughts on before our study is over. For more information about this project email: [socottom@reemai1@psu1.com](mailto:socottom@reemai1@psu1.com) or [jenna.vandria@reemai1@psu1.com](mailto:jenna.vandria@reemai1@psu1.com)

Did you know?  
36% of people we surveyed at OPS have accessed safe supply to reduce their risk of overdose.

Safe supply is available from your healthcare provider.

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Did you know?  
46% of people we surveyed used OPS more often since COVID-19.

We need more overdose prevention sites. Peer work is essential.

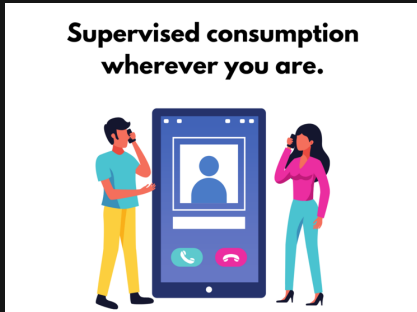
SMOKEY D.

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# VIRTUAL OVERDOSE RESPONSE

(Bristowe et al., 2021)

BeSafe App by Brave Technology Co-op



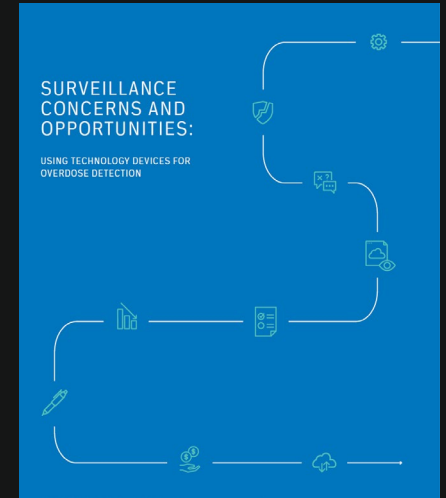
<https://www.brave.coop/app-1>

Canary App:  
iOs | 24/7 | Private  
Automated

Never Use Alone:  
1-800-484-3731  
Phone-based | 24/7 | Confidential  
Live support



# SENSORS FOR OVERDOSE RESPONSE



Van Draanen, J., Satti, S., Morgan, J., Gaudette, L., Knight, R., Ti, L. Using passive surveillance technology for overdose prevention: Key ethical and implementation issues. Drug and Alcohol Review (In Press).



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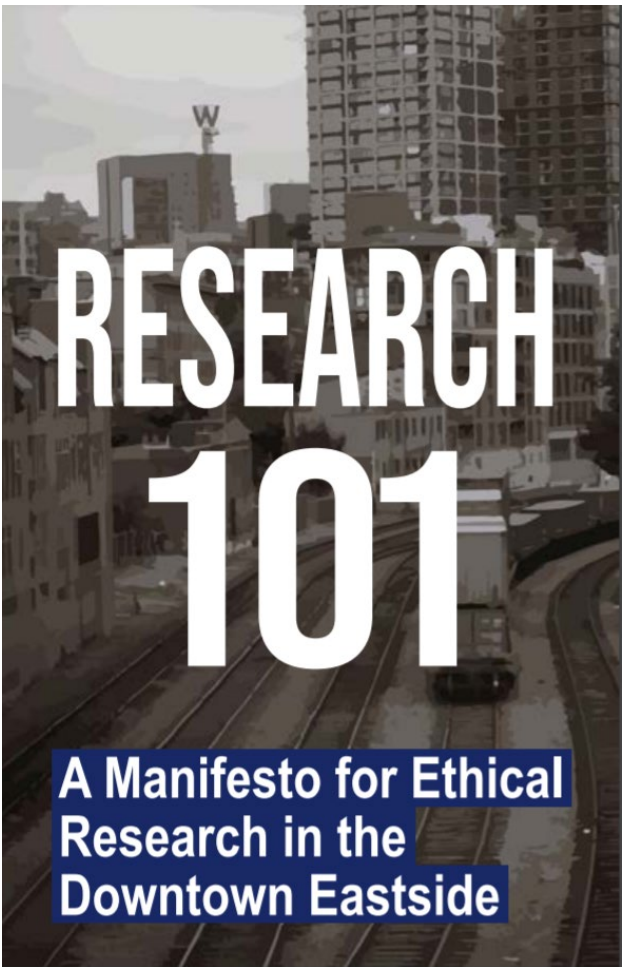
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## Lessons learned from community-engaged research in Vancouver's Downtown Eastside:

1. Design matters
2. Peer work is essential
3. Communicating findings back with the community is key

Image credit: Ted McGraw <https://www.flickr.com/photos/time-to-look/50319999722/>



# RESEARCH 101

**A Manifesto for Ethical  
Research in the  
Downtown Eastside**

# MULTI METHOD

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- Vancouver Drug User Study;
- AIDS Care Cohort to Evaluate Access to Survival Services, (total n=1479)

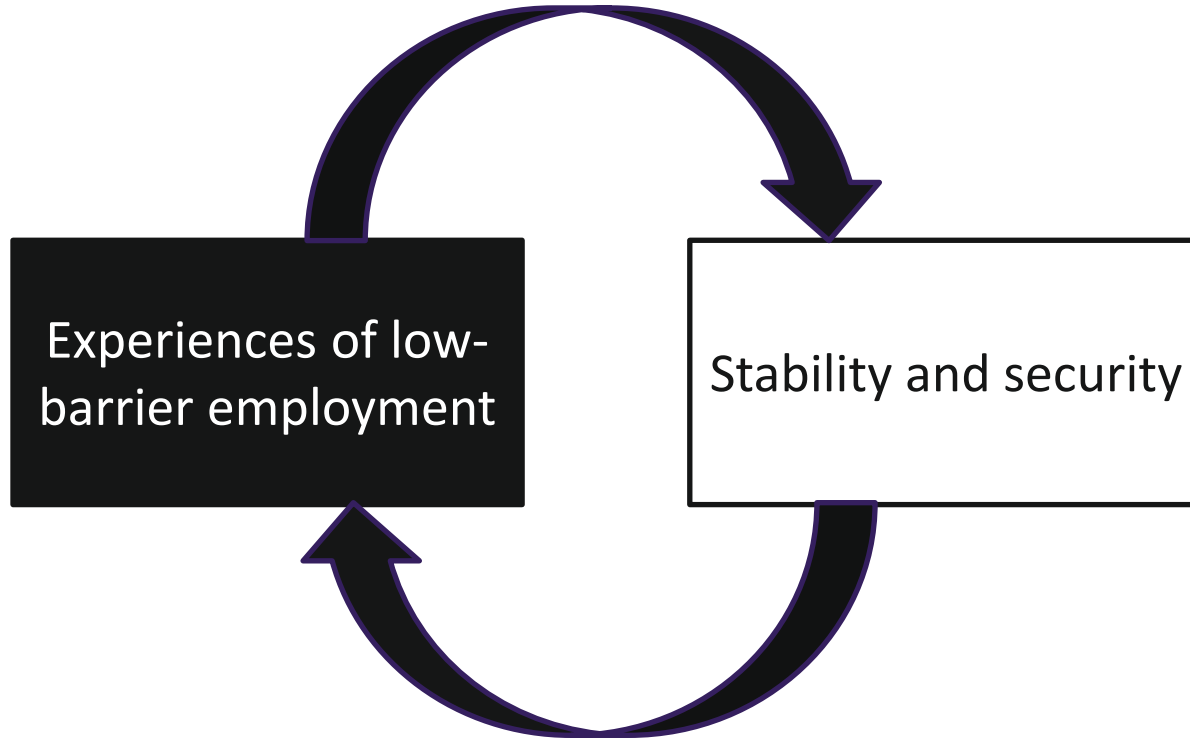


- Semi-structured in-depth individual interviews with 22 peer employees (PWUD) in Vancouver from the Overdose Prevention Site



## INCOME AND SECURITY VIA LOW-BARRIER EMPLOYMENT

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# EXPERIENCES OF LOW-BARRIER EMPLOYMENT

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- Pride in meaningful work

“Yeah, it makes a difference in my life by giving back, right? A lot of people see and notice it. They say, “Good job,” or whatever.. I’ve never really had that before.”

- Male, 21 years old

- Flexible employment model
- De-escalation, empathy, and communication skills

“It’s been night and day. I bite my tongue more, and listen, instead of getting agitated and yelling, right? Before I’d start throwing punches and now I just sort of talk it out.”

- Male, 44 years old

## STABILITY AND SECURITY

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- Dependable and safe income
  - Sufficiency
  - Getting paid right away
  - Regular income
  - Income without risk

“Before, I’d have to go get metal bottles or do a job and be sick the whole day.”

Male, 21 years old

- Security and access to housing, food



## WEEKLY AFFIRMATION FOR FRONTLINE STAFF

'Let's remember where we are. This place is important. Our community has endured a crisis, and so many of us, instead of being bystanders, chose to respond. One of the responses is this place, the original overdose prevention site. The response of this site gave decision-makers a direction and a model to copy. Now there are sites across the city of Vancouver, across the province of British Columbia, across Canada, and increasingly around the world. And the world has watched us. People from around the world have come to ask us how they can also transform their communities, who are also in crisis. Frontline workers, healthcare professionals, politicians, and media members from across the country and around the world have visited us to bear witness to how we care for our community and to share in our wisdom. So we remind ourselves each week that our efforts are so important. We keep our community safe, we keep our loved ones alive, and in sharing our compassion and wisdom we become world-changers, each of us here. So keep your standards high, because you're a world-changer. Care for and support your team because they are world changers. Know that you are valued, and together we say 'thank you' for all the important world-changing work you do day-in and day-out.

Thank you.'

# THE IMPORTANCE OF PEERS

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- > Peer workers are central to overdose epidemic
- > Distribution of harm reduction supplies, witnessing drug use, responding to potential overdose, making referrals, engaging in advocacy or research, doing outreach, and patient navigation (Marshall et al., 2015)
- > Increasing reliance on peers for delivering essential interventions
- > Task-shifting leading to precarity and burden (Kennedy et al., 2019; Olding et al., 2020).

# PRECARITY AND BURNOUT IN PEER LABOR

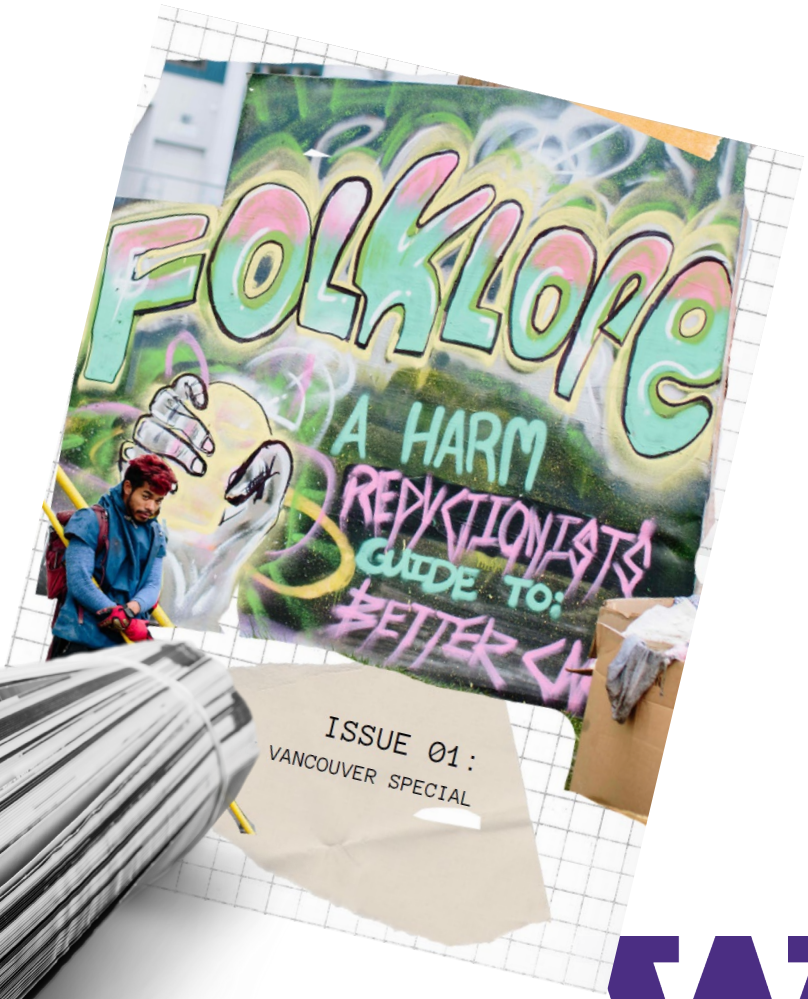
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- > Peers are frontline workers
- > Exposed to workplace stressors and emotional labor (Kennedy et al., 2019; Olding et al., 2020)
- > While facing structural vulnerability (Richardson et al., 2013, Richardson et al., 2016)
- > Scarcity of permanent full-time positions
- > Peer workers describe feeling that their labor is devalued and a source of burnout (Olding et al., 2020)

# BENEFITS OF PEER WORK

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- > Develop skills
- > Make social connections
- > Earn income (Kennedy et al., 2019)
- > Sense of pride, belonging, and purpose (Pauly et al., 2021)



# Lindsey Richardson and Jenna van Draanen: Addressing overdoses means addressing the systemic issues that increase overdose risk

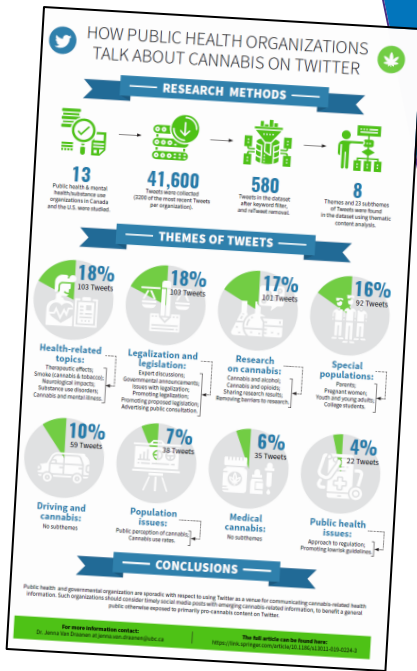
LINDSEY  
RICHARDSON



**How to stop overdoses? Prevent  
them to begin with**

January 11, 2018 7.00pm EST

A woman holds a photo of her best friend, who died of a drug overdose in January 2017, before a march to draw attention to the opioid overdose epidemic, in the Downtown Eastside of Vancouver, B.C. (THE CANADIAN PRESS/Darryl Dyck)





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## FUTURE DIRECTIONS

1. Expand and protect 911 good samaritan laws.
2. Expand community-based naloxone access and distribution.
3. Improve drug checking, surveillance and data collection and make them more widely accessible.
4. Expand Opioid Agonist Treatment (OAT)
5. Authorize supervised consumption sites (SCS) on the state and local level.
6. Pilot injectable opioid treatment as an option for some people with chronic heroin use disorder.



<https://drugpolicy.org/issues/supervised-consumption-services>

# Acknowledgements

- Overdose Prevention Society, BRAVE Technology Coop, Spencer Creo Foundation, EMBERS Vancouver
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  - Canadian Institutes for Health Research and
  - Michael Smith Foundation for Health Research



QUESTIONS?

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gracias cảm ơn bạn धन्यवाद 고맙습니다  
شكرا جزيلًا salamat благодарю вас 谢谢  
Dziękuję Ci **Thank** ευχαριστώ  
quyana tack **you!** አመሰግናለሁ  
धन्यवाद danke asante grazie  
hík'wu? merci הודת obrigado ขอบคุณ  
ありがとうございました спасиби mahalo



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